Five Hills
Health Region

Healthy People – Healthy Communities

Annual Report
to the Minister of Health

Year Ended
March 31, 2012

This page intentionally left blank.

Table of Contents

The Five Hills Regional Health Authority Annual Report is located on the internet at: www.fhhr.ca

June 13, 2012

Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health
Legislative Building
Regina SK S4S 0B3

Dear Minister Duncan,

The Five Hills Regional Health Authority is pleased to provide you and the residents of the health region with its 2011-2012 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2012.

The Health Region continues to remain focused on the Ministry of Health's vision and strategic directions. We are committed to providing quality, accessible health services for the people we serve. During the fiscal year the region had many successes, including:

(a) The Minister of Health's announcement on August 30, 2011 that Moose Jaw would be home to an "innovative new regional hospital that will enable better, safer service for the city and surrounding area;

(b) Continuing to meet the surgical targets with no patients waiting more than 12 months for surgery;

(c) Selecting the Integrated Project Delivery Team for the design of the new hospital, composed of Devenney Group Architects, the Boldt Company, Graham Construction, Stantec Architecture & Consulting and Black & McDonald, announced on March 28, 2012;

(d) Receiving full accreditation status following the Accreditation Canada survey in November 2011;

(e) Realizing full implementation of the Surgical Information System (SIS) in March 2012. This is a provincial information system being rolled out in all regions;

(f) Advancing the implementation of the Primary Health Care Solutions (electronic medical record) in Central Butte and Craik; and

(g) Participating in strategic deployment with the Ministry of Health, all health regions and the Saskatchewan Cancer Agency and engaging the Board, all directors, supervisors and affiliates within our region in providing education and opportunity for feedback and input into the strategic direction for the province.

Our successes can be attributed to the dedication and commitment of our employees and the medical staff. We are also grateful for the contributions made by our Volunteers and for the Foundations' significant efforts to ensure our communities have access to quality care.

Respectfully submitted,

E. (Betty) Collicott

Elizabeth (Betty) Collicott
Chairperson, Five Hills Regional Health Authority

Introduction

This annual report presents the Five Hills Regional Health Authority's activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of the Regional Health Authority.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on RHA commitments.

The 2011-12 Annual Report provides an opportunity to assess the accomplishments, results, lessons learned and identifies how to build on past success for the benefit of the people in the Five Hills Health Region.

Alignment with Strategic Direction

The Ministry of Health and the regional health authorities have set out goals, key actions, measures and targets based on the "Five Pillars" of healthcare. The Five Pillars form the basis of the Strategic and Operational Directions of the Ministry; and therefore, guide the Five Hills Health Region in the development of its Strategic Plan. The Five Pillars are as follows, and more detail on each Pillar is available in Appendix A.

Health of the Individual
Health of the Population
Providers
Sustainability
Supporting Processes

The Board approves the strategic direction in accordance with the Ministry of Health's Strategic and Operational Directions and as outlined in the Accountability Document. In June 2011, the Board approved the Region's Strategic Plan for 2011-2012 (Page 21). An annual review is conducted by management and the Board to assess environmental factors that shape decisions around the strategy.

Mission

Five Hills Health Region employees work together with you to achieve your best possible care, experience and health.

Vision

Healthy People – Healthy Communities

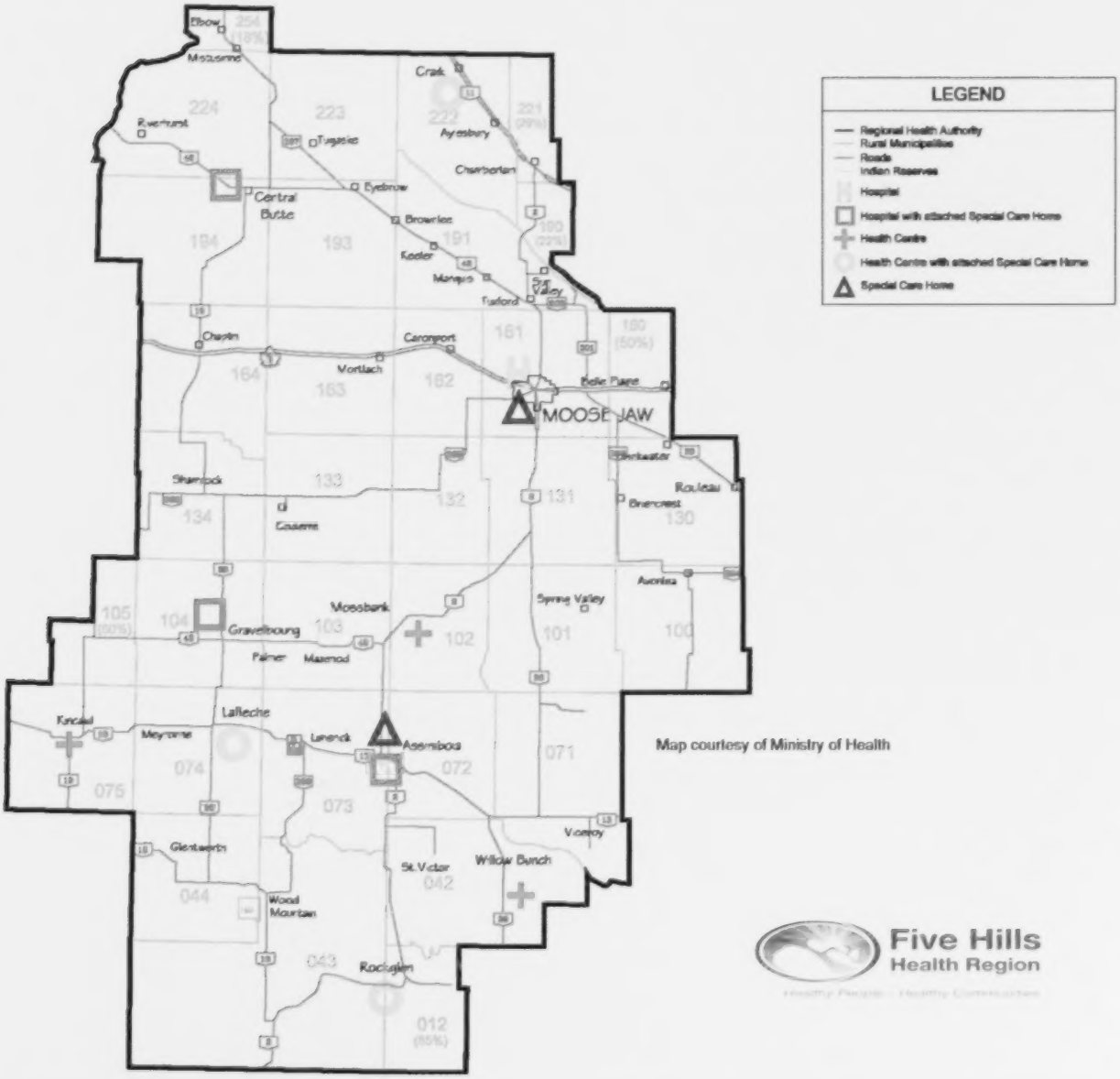
Values

Respect, Accountability, Engagement, Excellence, Transparency

Regional Health Authority (RHA) Overview

The Region

Located in south-central Saskatchewan, the Five Hills Health Region serves a population of approximately 54,000 in an area that extends from Lake Diefenbaker to the United States border.



Map courtesy of Ministry of Health

Service Responsibility

The Five Hills Health Region is responsible for:

- Acute Care (hospital)
- Long Term Care
- Home Care
- Mental Health and Addictions Services
- Public Health
- Ambulance Services
- Primary Health Care

Regional services administrative support is highly centralized in Moose Jaw. With over 1,200 full time equivalent employees, the region has efficiently organized services for finance, information technology, payroll, staff development, occupational health and safety, quality of care and risk management, privacy and communications, nutrition and food services, laundry, housekeeping, biomedical engineering, maintenance, capital planning, security, disaster planning, materials management, human resources, labour relations, recruitment and selection, as well as related administrative support.

Acute Care

Moose Jaw Union Hospital is a Tier I Regional Hospital with 100 inpatient beds which provides a range of secondary inpatient acute care services:

- Satellite Dialysis
- Anaesthesiology
- Family Medicine
- Internal Medicine
- Orthopaedics
- Paediatrics
- Emergency Medicine
- Obstetrics
- Ophthalmology
- Psychiatry
- Urology
- General Surgery
- Gynaecology
- Pathology
- Radiology
- Addictions

These services are supported by professionals in laboratory, diagnostic imaging, ultrasound, respiratory therapy, hyperbaric medicine, physical therapy, occupational therapy, pharmacy and central sterile supply.

Moose Jaw Union Hospital Statistics

Unit	Patient Days		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2012	2011	2012	2011	2012	2011	2012	2011
Nursery	36	59	0.10	0.16	9.84	16.16	5.14	8.43
ICU	1153	1296	3.15	3.55	63.01	71.01	3.67	3.56
Women's Health	2305	2428	6.30	6.65	44.98	47.51	2.52	2.53
Paediatrics	2249	2572	6.14	7.05	61.45	70.47	2.83	2.99
Mental Health	4877	4654	13.33	12.75	95.18	91.08	17.86	15.01
Surgery	6030	6224	16.48	17.05	82.38	85.26	5.16	5.75
Medicine	13825	14379	37.77	39.39	104.93	109.43	8.84	10.1
Total Adult	30475	31612	83.27	86.61	83.27	86.61	6.05	6.31
Total Newborn	1498	1436	4.09	3.93	40.93	39.34	2.57	2.51
Total Adult and Newborn	31973	33048	87.36	90.54	79.42	82.31	5.69	5.92

Emergency Department Visits		
	2012	2011
Moose Jaw Union Hospital	33292	32327
Assiniboia Union Hospital	4526	4382
St. Joseph's Hospital*	5004	4711
Central Butte Regency Hospital	614	744

* contracted agency

The Assiniboia Union Hospital (16 beds), Assiniboia; St. Joseph's Hospital/Foyer d'Youville (nine beds), Gravelbourg and Central Butte Regency Hospital (five beds), Central Butte are designated as community hospitals in the Region. Community hospitals provide acute inpatient medical care and emergency room coverage with 24/7 RN staffing. Each hospital is integrated with long term care beds, including designated respite and convalescent care.

Acute Care Facilities								
	Inpatient Days (Adult)		Average Daily Census		Percent Occupancy		Average Length of Stay	
	2012	2011	2012	2011	2012	2011	2012	2011
Moose Jaw Union Hospital	30475	31612	83.27	86.61	83.27	86.61	6.02	6.31
Assiniboia Union Hospital	4443	4829	12.17	13.23	76.08	82.69	13.10	12.93
St. Joseph's Hospital*	2330	2164	6.36	5.93	70.70	65.88	4.60	4.20
Central Butte Regency Hospital	0	0	0.00	0.00	0.00	0.00	0.00	0.00

*contracted agency

Long Term Care Facilities						
	Resident Days		Average Daily Census		Percent Occupancy	
	2012	2011	2012	2011	2012	2011
Central Butte Regency Hospital	9087	9356	24.83	25.63	91.96	94.94
Assiniboia Union Hospital	7881	7938	21.53	21.75	97.88	98.85
Craik and District Health Centre	5660	5728	15.46	15.69	85.91	87.18
Ross Payant Nursing Home	13622	13377	37.22	36.65	97.94	96.45
Lafleche Health Centre	5581	5667	15.25	15.53	95.30	97.04
Grasslands Health Centre	5866	6020	16.03	16.49	94.28	97.02
Extendicare*	43525	44832	118.92	122.83	95.14	98.26
Pioneers Housing	25887	26302	70.73	72.06	95.58	97.38
St. Joseph's Hospital*	17553	17988	47.96	49.28	95.92	98.56
Providence Place*	62835	62821	171.68	172.11	98.67	98.92

*contracted agency

Home Care/Continuing Care

Continuing Care services are generally provided to a population of elderly persons over the age of 75 years. The continuing care program includes home care nursing, home care personal care, home care acute care replacement services, inpatient geriatric assessment and rehabilitation, long term care, transition, convalescent, respite, palliative, and podiatry.

Institutional care is available to over 530 long term care residents, supported by geriatric assessment and rehabilitation (14 beds), transition (18 beds) as well as designated respite and convalescent beds. The majority of institutional long term care support (65%) is provided by affiliate organizations, Providence Place in Moose Jaw, St. Joseph Hospital/Foyer D'Youville in Gravelbourg, and Extendicare in Moose Jaw. The region provides long term care services in Rockglen, Assiniboia, Lafleche, Central Butte, Craik, and Moose Jaw.

Community based clients are further supported with adult day programs located at Providence Place, Central Butte, Assiniboia, and Gravelbourg.

The **Access Centre** provides continuing care services through a single point of entry. All referrals for continuing care services in the region including Home Care, Respite, Palliative Care, Long Term Care and Convalescence are managed through the Access Centre.

Mental Health and Addictions

Mental Health & Addictions Services provide acute inpatient, transitional day treatment and follow-up outpatient mental health care for children, youth and adults in both Moose Jaw and rural areas.

The Thunder Creek Rehabilitation Association provides residential services, community supports and prevocational programs for adults experiencing severe mental illness.

The health region provides a wide range of treatment options for adolescents and adults with addictions related issues. Wakamow Manor, operated by Thunder Creek Rehabilitation Association, provides a 20-bed detoxification centre for individuals over the age of 16 who are seeking assistance to withdraw from alcohol and or other drugs. The centre provides two transition beds for clients who are waiting for Residential Addictions Treatment. Riverside Mission and Hope Inn provides residential services for those individuals in recovery from a substance related disorder.

Mental Health promotion and education programs and programs for prevention of substance abuse are available for the public and human services professionals. The Canadian Mental Health Association also provides mental health promotion, public education and prevention information and literature on mental health and mental illness

All services and programs may be accessed through Mental Health & Addictions Centralized Intake program. Centralized Intake responds to all initial requests for mental health and addictions information or services from individuals, family physicians, family members or community agency members.

Public Health Services

Public Health Services (PHS) focuses on prevention (both primary and secondary), health protection, and population health promotion. Under the leadership of the Public Health Director and Medical Health Officer, PHS provides a range of services, programs, and functions, including:

- public health nursing
- public health inspection
- public health nutrition
- dental health education
- epidemiology & statistical analysis capacity
- population health promotion
- speech and language pathology services
- Kids First Programs
- Teen Wellness Clinic
- Parent Mentoring Program
- Needle Exchange Program (NEP)
- Ongoing communications with media outlets

Emphasis is placed on the Voice of the Customer in obtaining input as to health status assessment, and ultimately the delivery of appropriate, effective, safe, responsive, efficient, and equitable public health services. Immigrant and specifically, refugee health, as well as high risk clients/families, adolescents, and injection drug users are given specific attention, as part of a comprehensive Primary Health Care approach. Services are delivered in a collaborative and consultative milieu with a vision of continuous quality improvement.

Immunization programs have been expanded, with the addition or enhancement of vaccine programs including human papillomavirus, varicella, pneumococcal, influenza, measles/mumps/rubella, and pertussis (Tdap) vaccine coverage (to specified cohorts). Enhancing immunization coverage of 2- and 7-year old age-cohorts, is a strategic priority.

Health Promotion endeavors focus largely on supporting the population within the region; this includes promotion of physical activity in young children, school aged youth, adults and seniors. Ongoing collaboration with the Saskatchewan Coalition for Tobacco Reduction and the RNAO (Registered Nurses Association of Ontario) provided a solid foundation from which projects such as promoting anti-tobacco modalities could be introduced to daycares, school aged youth and adults. Working closely with other Public Health professionals, including Nutritionists, Epidemiologists and Nurses, the Health Promotion Coordinator is able to facilitate needs assessments, surveys and other information gathering mechanisms to further knowledge about community health.

FHHR Public Health Services is represented on the Saskatchewan Population Health Council. One of the roles of this committee is to oversee a provincial HIV strategy which is being rolled out in the Regions, including Five Hills. One of the pillars is harm reduction which emphasizes a strong Primary Health Care component in the delivery of a broad range of clinical and other services to Needle Exchange Program clients, and others affected by blood-borne pathogens.

Public Health Services staff respond to outbreaks of a diverse nature, comprising predominantly infectious diseases such as respiratory and enteric disease outbreaks.

PHS forms part of the Health Region's emergency response capability. Emergency planning is ongoing in the areas of surveillance, mass immunization, infection control and other measures.

Sexually transmitted infection (STIs) (i.e., Chlamydia) reduction is a strategic priority. Through the MHO, Public Health Services has representation on the provincial STI Task Group. FHHR objectives include enhancing clinical services, and establishing community support for education and health promotional efforts to prevent and control STIs.

Ambulance Services (EMS)

Emergency Medical Services (EMS) are provided under contract to the Five Hills Health Region by Moose Jaw and District EMS, Hutch Ambulance Services and St. Joseph's Hospital.

Health Care Organizations

The Region either directly delivers health services through its staff, or contracts with other agencies for the provision of services. These contracted agencies are referred to as Health Care Organizations and include all private sector, community-based and affiliated (religious-based) service agencies that provide ambulance, addiction, mental health, long term care and acute services. Health Care Organizations are accountable through and to the Five Hills Health Region. Contracts are with the following health care organizations and private providers to deliver health services:

Canadian Mental Health Association provides community education and awareness of mental illness.

Extendicare operates a 125-bed long term care facility in Moose Jaw.

Hutch Ambulance Services provides ground ambulance services for Assiniboia and area.

Moose Jaw and District EMS provides ground ambulance services for Moose Jaw and area and Central Butte and area.

Providence Place operates a 160-bed long term care facility, a 14-bed Geriatric Assessment and Rehabilitation Unit and an adult day program, located in Moose Jaw.

St. Joseph's Hospital/Foyer d'Youville operates a 50-bed long term care and 9-bed acute care facility in Gravelbourg and provides ground ambulance services in Gravelbourg and area.

Thunder Creek Rehabilitation Association provides residential services and programs for adults with severe and persistent mental illness.

Wakamow Manor operates a 20 bed (plus 2 transitional beds) social detox centre for drugs and alcohol.

Regional Facilities

Moose Jaw Union Hospital

Acute Care

Moose Jaw Union Hospital (Regional Hospital)

Integrated Acute and Long Term Care

Assiniboia Union Hospital
Central Butte Regency Hospital
St. Joseph's Hospital/Foyer d'Youville *

Long Term Care

Ross Payant Nursing Home
Pioneers Lodge
Providence Place*

Integrated Long Term Care and Health Centres

Craik and District Health Centre
Grasslands Health Centre
Lafleche and District Health Centre

Grasslands Health Centre, Rockglen

Wellness Centres

Mossbank Wellness Centre
Willowbunch Wellness Centre
Kincaid Wellness Centre

Affiliate and Contracted Agencies

Providence Place*
St. Joseph's Hospital/Foyer d'Youville *
Extendicare

St. Joseph's Hospital/Foyer d'Youville, Gravelbourg

*Affiliate

Board Structure

The Regional Health Authority, also referred to as the Board, utilizes a Policy Leadership Model which provides for board stewardship by maintaining clear separation between governance and management, with a board focus on providing strategic leadership and oversight. The Board governs through policies that define the Board and CEO relationship. In general, key responsibilities include:

- *Stakeholder Engagement and Relationship Building*
- *Financial Stewardship*
- *Strategic Planning and Direction*
- *Quality Improvement*
- *CEO Recruitment, Evaluation and Succession Planning*
- *Maintaining Effective Governance*
- *Monitoring organizational performance and the achievement of the strategic goals*

The Authority

Elizabeth (Betty) Collicott, Chairperson, Moose Jaw
Donald Shanner, Vice Chairperson, Moose Jaw
Grant Berger, Central Butte
Ken Hawkes, Moose Jaw
Alvin Klassen, Central Butte
Tracey Kuffner, Glentworth
Cecilia Mulhern, Meyronne
Christine Racic, Moose Jaw
George Reaves, Gravelbourg
Jeffrey Reihl, Moose Jaw

The Board establishes policies, makes decisions and monitors performance, whereas management is focused on development of operational plans, policy options, appropriate reports to support decisions and management of operations consistent with board policy. A copy of the organizational chart of the RHA is attached as Appendix B.

Ethics and Standards of Conduct

In Saskatchewan, board members have legal obligations set out in *The Interpretation Act, 1995.* They are seen as fiduciaries to the corporation and thus are expected to demonstrate high standards of personal and professional conduct to maintain public confidence in their behaviours and actions. These standards include the need to avoid a conflict of interest.

A general responsibility of the members is to act in the best interest of their board. To discharge this general responsibility, the board has in place a code of conduct and ethics for all members to follow.

For the purpose of this guide, the term "code of conduct and ethics" is used in a broad sense that addresses the following issues:

- standards of behaviour, including fiduciary responsibilities and duty of care;
- conflict of interest, including both material interest and representation group interest;
- obligation to report to the board any breach of the code of conduct and ethics, or an illegal or unethical behaviour;

- protection and proper use of the board's assets and opportunities;
- confidentiality of information obtained through the members' role; and
- compliance with legislation and regulations.

Community Advisory Networks

The Regional Health Services Act, Section 28 states:

> *28(1) A regional health authority shall establish one or more community advisory networks for the health region for the purpose of providing the regional health authority with advice respecting the provision of health services in the health region or any portion of the health region.*
>
> *(2) The minister may provide directions to regional health authorities with respect to the establishment and composition of community advisory networks.*
>
> *(3) Persons who participate in a community advisory network are not entitled to remuneration with respect to that participation.*

The Board has a network in place for receiving advice from a number and variety of communities. Primary health care development, with its significant community development component, rounds out the existing network. The attached Appendix C provides a listing of organizations with whom the Region interacts.

Progress in 2011-2012

The following is a summary of the major initiatives undertaken in the 2011-2012 year.

Significant focus was placed on the Region's **Values and Principles** which guide the delivery of health care services in Five Hills Health Region. Each value is defined by operating principles:

Respect

- Valuing and honouring each other's perspectives, diverse beliefs and choices
- Being compassionate and treating each other with dignity
- Honouring fairness and confidentiality
- Recognizing and celebrating contributions of others

Engagement

- Collaborating with clients, providers and stakeholders to achieve the best possible health outcomes
- Actively engaging clients, providers and community stakeholders in the health planning, delivery and evaluation of health services

Excellence

- Learning and improving as individuals and as a system in the relentless pursuit of service excellence, quality and safety
- Achieving a high performing health care system through continuous innovation
- Focusing on care outcomes informed by evidence and sound judgement
- Leading with vision and the courage to do what's right

Transparency

- Building trust through open honest communication
- Providing useful evidenced-based information about health care services
- Disclosing the information about the planning and performance of our health region

Accountability

- Demonstrating integrity, ethical behaviour and responsibility for our actions
- Monitoring, evaluating and reporting the performance of our health region
- Thinking and acting as an integrated system in the provision of services responsive to citizen and community needs
- Being good stewards of the resources entrusted to the health region

Patient-and Family-Centred Care

The Patient First Review (PFR), *For Patients' Sake*, was released in 2009 and recommended that "the health system make patient-and family-centred care (PFCC) the foundation and principle aim of the Saskatchewan health system". This recommendation was endorsed by health sector leaders in Saskatchewan and a provincial framework for "Putting Patients and Families First" was released by the Ministry of Health in June 2011. PFCC, as outlined in the framework, is about providing respectful, compassionate, culturally responsive care that meets the needs, values, cultural backgrounds and beliefs, and preferences of patients and their family members in diverse backgrounds by working collaboratively with them.

There are four core concepts endorsed by the Institute for Patient-and Family-Centred Care: ***Respect and Dignity, Information Sharing, Participation*** and ***Collaboration.***

Using the PFCC approach, healthcare providers provide patients and families with complete, unbiased information on their illness, diagnosis, treatment options and the procedures in a way they can understand. Patients and families are encouraged to ask questions to ensure a full understanding of the information being provided to them. Patients and families are also encouraged to participate in their care and decision-making at the level they choose, as well as to partner with healthcare providers, staff and administrators in developing, implementing and evaluating healthcare policies, services and programs. Patients and families are viewed as essential allies and treated as true partners in the PFCC approach.

Five Hills Regional Health Authority is making strides in adopting the PFCC approach. A Director of PFCC was hired to implement the framework and begin the process of drawing patients and families into the health region to participate in services and programs. For example, clients and family members are being involved as team members in the design process for the new regional hospital. The addition of patients and family to the design teams has so far proved invaluable.

Primary Health Care Redesign

The past year in Saskatchewan has been a time of reflection and significant discussion about primary health care in response to recommendations of the *Patient First Review*. Staff of Five Hills Health Region have participated and provided input in the preparation of the Provincial Primary Health Care Redesign Framework to be released in 2012.

Within the region, work has continued to strengthen team based care. In the south of the region, FHHR and Sun Country have initiated discussions to include the Coronach area with the Assiniboia PHC team to stabilize services. Aggressive physician recruitment to the area continues. PHC has provided Telehealth equipment to Rockglen, Craik, Kliniek on Main and Patient Education to improve access to care and health education for rural residents by reducing travel time. Patient Education is piloting shared medical visits for people living with diabetes with the PHC team located in Craik. FHHR PHC and therapies completed a pilot project on utilization of Patient Decision Aids and Shared Decision Making as part of the hip and knee replacement pathway. Results of the pilot were used to inform the Saskatchewan Surgical Initiative as well as continue to provide patient centered care in the region.

The PHC Solution electronic health record has been implemented in Kliniek on Main, Central Butte, Craik, Kincaid and Mossbank. The last two sites for implementation Rockglen and Willow Bunch will be completed in the fall 2012. The Kliniek on Main PHC Team had an opportunity to create a new physical space to support practice change as the team begins the journey to becoming world class. Renovations are underway as work continues to improve work flows and care. Patients have been involved at different stages of planning and will continue to be invited to participate in activities to provide high quality, patient centered care.

Lean Management System

In the health sector, **Lean** is a patient-focused approach to systematically eliminating waste in health care organizational processes in order to improve quality, productivity and efficiency.

Five Hills uses Lean to map out the patient journey from the time they enter the system until they exit the system in order to identify activities that provide value to the patient and eliminate those that add no value (waste). Once wasteful activities are removed, remaining steps are made more efficient and integrated so that services flow smoothly. This means that services are "pulled" only when needed by patients. The last step of Lean is the pursuit of continuous improvement by repeating the cycle to make it more and more streamlined.

The engagement of front line staff is crucial to making Lean work, as is the involvement of our customers and other stakeholders. Five Hills has a dedicated Quality Improvement team to provide the support and training for region-wide implementation of Lean, as well as structured monitoring and evaluation of each Lean event. In 2011, there were 43 Lean Leaders trained in the region. Each Lean Leader trained works on a project (eg., process for requesting medications from night supervisor after hours – project leaders were able to decrease telephone calls requesting medications from 71 calls to 11 calls) and leaders must provide a full report on improvements made.

At the end of 2011-12, Quality Improvement was involved with 110 projects. As Lean evolves, the regions and the Ministry will continue to collaborate and share knowledge and best practices. In 2012-13, our region will be focusing on the province-wide rollout of the Saskatchewan Lean Management System.

The **Saskatchewan Surgical Initiative (SkSI)** is a multi-year, system-wide initiative developed to transform the patient surgical experience and reduce surgical wait times to three months within four years. Targeting an increase of 200 day surgery procedures, the Five Hills Regional Health Authority received an additional $1 million from the Saskatchewan Surgical Initiative to expand surgical capacity at the Moose Jaw Union Hospital. In addition to hospital costs related to performing these additional surgeries, funding covered costs associated with new equipment requirements as well as increased rehabilitation and home care services for surgical patients. Five Hills is currently meeting provincial target times for surgery locally and the province is working hard to reduce wait times across the province to less than 12 months by the end of 2011-12. We have increased the number of patients accessing primary assessment for hip and knee replacement at a multidisciplinary clinic as per the provincial Hip and Knee Pathway. Three itinerant surgeons from the Regina Qu'Appelle Health Region are performing surgery in Moose Jaw for patients on the wait list. We have implemented the Surgical Information System in order to improve the flow of information for our patients having surgery. Releasing Time to Care™ has been expanded to our surgical units and therapy services have been expanded to seven days per week. Outpatient therapy and home care services have also been expanded to support the increased number of surgical procedures being performed.

Clinical Practice Redesign™ (CPR) is well underway within the Region and is being developed in partnership by the Ministry of Health, the Health Quality Council and the Saskatchewan Medical Association and is being delivered as part of the Saskatchewan Surgical Initiative. CPR is designed to achieve four objectives: **improve the patient experience, improve access and efficiency within practice settings, improve access and efficiency between practice settings** and **improve the staff experience.** In Five Hills, a CPR coach has been hired and will help the physician improvement team: learn how to use continuous improvement tools and methods to make and test changes; understand what data to collect and what the information is telling the physician about their improvements; learn how to use a special web-based tracking tool, created as part of the initiative, to make measurement easier; improve communication at all levels by making sure those most affected have an opportunity to

provide feedback on changes; and create a plan for sustaining the physician team's work. There are 44 physicians targeted for CPR in Five Hills, with 5 already participating.

The number of **Long Term Care clients awaiting placement in Acute Care beds** has decreased significantly in Five Hills over the last fiscal year. Clients waiting placement for long term care in a hospital do not receive the socialization and related activities as in the long term care environment. Access to hospital beds is restricted and results in unnecessary pressures on emergency departments and frustration of clients.

The provincial target for the percentage of total acute care beds occupied by clients awaiting long term care placement is 3.5% (or about 85 beds provincially). In Five Hills, this amounts to approximately three-four persons. On average, throughout 2011-12, only 2.8% of acute care beds were occupied by long term care clients. At the end of the fourth quarter, only 2.14% (or 2.4 beds) were occupied by long term care clients.

Medication Reconciliation (MedRec) Plan was implemented in November 2010 in compliance with Accreditation Canada standards and consistent with the Safer Healthcare Now! campaign to prevent medication errors at patient transition points. It was a provincial target to implement MedRec in at least one client service area at discharge or transfer from acute care by March 31, 2012 and Five Hills is very pleased to have implemented MedRec in 100% of acute and long term care facilities as at year end. We are looking forward to improving the MedRec system throughout the next year to ensure all clients receive medication reconciliation upon admission, transfer and discharge.

Attendance Support continued to be a major focus for the 2011-2012 year. Five Hills Regional Health Authority achieved a reduction in sick leave usage dropping to 67.15 hours per full-time equivalent, down from 69.30 hours per full-time equivalent in 2010-2012.

Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth;

- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year;

- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year;

- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information; and

- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

New Regional Hospital

On August 30, 2011, the Minister of Health announced that Moose Jaw would be home to an "innovative new regional hospital that will enable better, safer service for the city and surrounding area". This new model of care will see health professionals and support staff serving patients in a building designed to bring services to the patient as promptly and effectively as possible. Recent provincial government changes to the health facility capital funding formula means the provincial government now funds 80 per cent of planning and construction costs, with local communities funding the remaining 20 per cent, plus furniture and any new equipment. This is a significant financial benefit to communities, compared to the previous 65%-35% funding split.

The Request for Proposals (RFP) was released on November 9, 2011 to select the integrated project delivery team (IPD) that will be selected to design and construct the new facility. The RFP competition closed on January 6, 2012. The evaluation team reviewed and evaluated the submissions and made a recommendation to the Ministry of Health to award the contract to the successful IPD Team, which includes Architects, Engineers and the Builders that will collaborate under a single contract to design and build the new hospital.

The successful Integrated Project Delivery (IPD) Team for the design and construction of the new regional hospital is comprised of Devenney Group Architects, the Boldt Company, Graham Construction, Stantec Architecture & Consulting and Black & McDonald.

The Five Hills Regional Health Authority, along with the City of Moose Jaw, finalized a land sale agreement for 30.18 acres of land at a cost of $3,296,557. The site of the new hospital was announced to the public in April 2012 with plans that construction commence in early 2013.

More detailed information on all of the above initiatives and others is included in the 2011-2012 Strategic Plan on the following pages.

Abbreviations/Definitions Used Throughout Document

Big Dot: "a whole system measure to reflect the overall quality of the health care system, designed to serve as the highest level of measures from which all other small measures flow."

AB	Alberta
AC	Accreditation Canada
ADC	Average Daily Census
AESB	Acute and Emergency Services Branch, Ministry
BC	British Columbia
CBRH	Central Butte Regency Hospital
CC	Continuing Care
CCB	Continuing Care Branch, Ministry
CEO	Chief Executive Officer
CIO	Chief Information Officer
CS	Clinical Services
CSA	Canadian Standards Association
CRSB	Capital and Regional Services Branch
CT	Computed Tomography
ED	Executive Director
ELOS	Expected Length of Stay
EMR	Electronic Medical Record
EMS	Emergency Medical Services
FHHR	Five Hills Health Region
FTE	Full Time Equivalent
HISC	Health Information Solutions Centre
HPV	Human Papillomavirus
HR	Human Resources
HSMR	Hospital Standardized Mortality Ratio
IC	Infection Control
IHI	Institute for Healthcare Improvement
IMG	International Medical Graduate
IT	Information Technology
LTC	Long Term Care
MHA(S)	Mental Health & Addictions (Services)
MHO	Medical Health Officer
MJUH	Moose Jaw Union Hospital
MOH	Ministry of Health
Mos	Months
MSB	Medical Services Branch, Ministry
NEP	Needle Exchange Program
PFCC	Patient and Family-Centred Care
PHB	Public Health Branch, Ministry
PHC	Primary Health Care
PHSB	Primary Health Services Branch, Ministry
Q1,Q2,Q3,Q4	Quarter 1,2,3,4 (fiscal year)
QI	Quality Improvement
RHA	Regional Health Authority
RIC	Regional Intersectoral Committee
ROP	Required Organizational Practices
RTC	Releasing Time to Care
S & C	Strategy and Communications
SCA	Saskatchewan Cancer Agency
SHN!	Safer Healthcare Now!
SIMS	Saskatchewan Immunization Management System
SkSI	Saskatchewan Surgical Initiative
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SSI	Surgical Site Infections
SSO	Shared Services Organization
SUN	Saskatchewan Union of Nurses
U of S	University of Saskatchewan
VFA	Vendor that was selected for Facility Assessment
VP	Vice President
WCB	Workers' Compensation Board
WDP	Wage Driven Premium

** Initiatives in italics are Ministry led*

**yellow highlighting indicates initiatives added by FHHR Senio Leadership Team*
** green highlighting indicates Saskatchewan Surgical Initiative*

1. HEALTH OF THE INDIVIDUAL

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
% of clients rating their hospital experience as 10 on a scale of 1-10 (previously known as "Best Hospital Score")		Provincial target of 37.1% by March 31, 2012, which represents a 20% improvement over the Saskatchewan mean rate of 30.9%		A TBD% improvement over the Saskatchewan mean rate by March 31, 2013.				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Establish report and targets for measures related to Moose Jaw Union Hospital	"Best Hospital Score" Increase satisfaction by 8.6% by March 31, 2012.	MJUH Best Possible Hospital Score is 37.1% by March 31, 2012	Target not met. The current average remains at 21.2% rating their hospital 10 out of 10. Adoption of patient-family-centred care throughout the region should increase this rating.	X	X	X	X	ED, S & C
Begin implementing initiatives resulting from discussions from the Memorandum of Understanding on First Nations Health and Well-Being Process	Measure and targets to be determined in collaboration with RHAs/SCA at the conclusion of discussions during the 2011-12 fiscal year.		No update at this time.					
Develop a plan on how Five Hills Health Region will adopt patient-and family-centred care over the next ten years, using the provincial framework as their guide and begin implementation according to this plan.	% of patients reporting that nurses "always communicated well with them" % of patients reporting that doctors "always communicated well with them"	Increase of 10% over baseline of 57.5% by March 31, 2012 Baseline established by March 31, 2012	Not meeting target. As at February 2012 – 64.2% patients reporting that nurses always communicated will with patients. Average remains at 67.4% Previous 5 months exceeded target. Target met. Baseline set at 73%.	X	X	X	X	ED, S & C
Continue to implement shared decision making in the hip and knee surgical pathways ***Ministry Led (AESB/SIB)***	*Status of shared decision making implementation in the hip and knee surgical pathways*	*SDM implemented in the pathways by March 31, 2012*	*Target met. Final report was submitted to Ministry Feb 1, 2012.*				X	ED, PHC

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
Number of patients waiting longer than 12 months for surgery (reported by region of service and by home region)		All patients are offered an option to have surgery within 12 months by March 31, 2012 *[2010-11: All patients are offered an option to have surgery within 18 months by March 31, 2011]*		All patients are offered an option to have surgery within 7 months by March 31, 2013 *[2013-14: All patients are offered an option to have surgery within 3 months by March 31, 2014]*				
% of invasive cancer surgeries performed within 3 weeks		95% of invasive cancer surgeries performed within 3 weeks		95% of invasive cancer surgeries performed within 3 weeks				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Reduce surgical wait-times	Number of patients waiting longer than 12 months for surgery Percent of invasive cancer surgeries performed within 3 weeks	0% of patients waiting longer than 12 months for surgery 95% of invasive cancer surgeries performed within 3 weeks	Target met. Target met.		X	X		ED, CS
Increase surgical volumes to eliminate the backlog	Number of surgeries performed compared with 2010-11	100% of expected surgical case volumes – 4,132	Target not met. Improvement of 13% required. Contributing factors include Christmas vacations and summer slowdowns, surgeon and anesthesiologist leave/vacation.	X		X		ED, CS
Increase physician participation in clinical practice redesign ***HQC and Ministry Led***	*Number of physicians using clinical practice redesign in their practices*	*Ministry target is 125 physicians by March 31, 2012. Region target to be determined.*	Target on track.			X	X	ED, S & C
Implement Clinical Practice Redesign in Five Hills			Target on track.			X	X	ED, S & C

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Hip and Knee Pathway Increase the number of patients accessing a multi-disciplinary clinic for primary assessment to enhance patient care and decrease wait	Minimum target for patients accessing primary assessment for hip and knee surgery is 30 patients in FHHR	Number of patients access primary assessment is met or exceeded by March 31, 2012	Target met.		X		X	ED, CS
Reduce the number of individuals waiting for LTC in acute care. FHHR to implement one or more of the following initiatives to reduce the number of individuals waiting for LTC in acute care: • First available bed; • Direct client funding on a short-term basis until permanent placement in a special-care home can be achieved; • Developing transition units; • Providing funding to clients/families to purchase space in a PCH on a short term basis until permanent placement in a special care home can be achieved; • Enhanced day programming and home care; • Region-specific initiatives approved by the Ministry	Implemented one or more initiatives Number of acute care beds awaiting LTC placement who have been assessed and approved for LTC placement and are not in an acute state as of June 30, September 30, December 31 and March 31	Implement one or more initiative by March 31, 2012 3.5% or less of total acute care beds occupied by clients waiting for LTC facilities by March 31, 2012	Target met. We have implemented some of the initiatives identified by the Ministry, focusing on having access to an interim private care home bed for LTC clients. Target met. 2.14% of acute care beds were occupied by LTC clients awaiting placement, which is approximately 2.4 beds. Process mapping is complete.	X	X	X	X	ED, CC

1. HEALTH OF THE INDIVIDUAL

1.2 Achieve timely access to evidence-based and quality health services and supports

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Develop and submit a plan to: (a) Ensure targeted funds are allocated to home care and rehabilitation therapies; and (b) Implement the additional home care and rehabilitation therapies to support the surgical experience and report as required	Status of development of the plan Status of program implementation	Plan developed by June 30, 2011 Programs implemented October 1, 2011	Plan submitted to and approved by MOH. Wound Vacuum Pump acquired Home Care Outpatient clinic hours expanded. Home Services and Home Nursing for postsurgical clients priorized and tracked.	X	X			ED, CC
Redesign of Community Mental Health Nurse (CMHN) program to recovery model	Staff education of Recovery Model will be complete by January 31, 2011	Recovery Model Framework will be complete by March 31, 2011. Target revised to September 2011. Develop measurement for patient satisfaction.	Target met. 100% of nurses trained. Draft Framework has been completed and final copy slated for end of December 2011.	X	X	X	X	ED, MHAS
Reduce readmission rate on inpatient Mental Health and Addictions Unit	Addition of Community Mental Health Nurse and Community Support Workers on evenings and weekends	Reduce inpatient admissions by 20% or by 10 clients, by March 31, 2012. Target implementation date is November 1, 2011.	Target not met. Improvement made during pilot period of November 2011-March 2012; however, new readmission patterns were not factored into original equation when setting target so target was not attained. Pilot will continue a further 6 months and measurements will be revised.			X		ED, MHAS

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Provincial Hospital Standardized Mortality Ratio (HSMR)	2011-12 Provincial HSMR lower than reported in 2010-11 by March 31, 2012. Each RHA's 2011-12 HSMR will be lower than reported in 2010-11. RHAs are expected to review practice if there is a rise in HSMR.	2012-13 Provincial HSMR lower than reported in 2011-12 Each RHA's 2012-13 HSMR will be lower than reported in 2011-12. RHAs are expected to review practice if there is a rise in HSMR.
Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities	Reduce the number of LTC residents who experience a fall by 20% by March 31, 2012	Reduce the number of LTC residents who experience a fall by TBD% by March 31, 2013

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Ongoing monitoring, chart audits, properly charting end-of-life care – analysis of HSMR by diagnosis	Identify top 3 diagnoses for cause of death and opportunities for advancing evidence-based care.	2011-12 HSMR to be lower than reported HSMR in 2010-11 by March 31, 2012.	Q3 2011 HSMR was 79 Q3 2010 HSMR was 73 This shows an increase, however, baseline comparator data has changed so comparison to past years is no longer accurate.		X		X	SMO ED, CS
Implement SHN! Falls Prevention Bundles in 100% of LTC facilities Implementation of Falls Prevention Strategy in Five Hills Health Region	Number and percentage of LTC residents who experience a fall, including affiliated and for-profit LTC facilities Prevalence of Daily Physical Restraints	Reduce the number of LTC residents who experience a fall by 20% to 238 residents from a baseline of 298. Decrease the prevalence of daily physical restraints, or remain the same as the 2010-11 level of 19.85%	Target not being met. Trend continues to be monitored, along with risk assessments and post-fall analysis. Target being met. Use of restraints in LTC remains at historic levels – continued compliance with least restraint policy.			X	X	ED, CC
Implement a 3-part Surgical Safety Checklist	Perform an audit to establish baseline % implementation of a 3-part Surgical Safety Checklist	Audit performed and submitted to Ministry of Health by August 2, 2011 At least 95% implementation by March 31, 2012	Target met. 100% compliance. Target not being met. 84.2% compliance in Q4. There are some lapses in certain points of the checklist. Quarterly audits will continue to ensure compliance and consider options to mitigate variances.		X		X	ED, CS
Implement all components of the SHN! Surgical Site Infections (SSI) Bundle	% implementation of all components of the SSI Bundle from SHN!	At least 95% implementation by March 31, 2012	Fully implemented. 100% compliance.				X	ED, CS

1. HEALTH OF THE INDIVIDUAL

1.3 Continuously improve health care safety in partnership with patients and families

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Implement remediation strategies in areas deemed necessary for action as identified in the Board-approved plan for ensuring that the organization is in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention and control	Accreditation Canada's evaluation (as having "met" or "not met" compliance criteria) for each of the Required Organizational Practices (ROPs) under Infection Control in the latest survey for which results are available.	"Meet" compliance criteria for each Infection Control ROP as evaluated by Accreditation Canada. (November 2011)	All 2008 Accreditation criteria met. Accreditation 2011 report recently received and is in process of being reviewed by SLT and directors. Action plan will be developed.				X	ED, CS
Implement a formal Medication Reconciliation program in compliance with Accreditation Canada (AC) standards and consistent with Canada's Safer Healthcare Now! Campaign to prevent medication errors at patient transition points	The proportion of clients receiving formal medication reconciliation at admission to acute or long term care. Status of implementing medication reconciliation care in at least one client service are/unit at discharge or transfer from acute care.	Close the gap by 50% between current implementation and 100% by March 31, 2012. 80% of acute and long term care clients receive formal medication reconciliation at admission inclusive of affiliates. Medication reconciliation implemented in at least one client service area at discharge or transfer from acute care by March 31, 2012.	Target not met. Rate has increased from 66% in Q3 to 70.9% in Q4. Current focus is on increasing the directors' attention to the audits to improve performance. Target met.	X	X	X	X	ED, S & C
Track and analyze all incidents in the region, including near misses	Report prepared and presented to the Board	Two reports presented (mid-year and end-year). QIRM has revised target to report quarterly in conjunction with Accreditation Standards.	Target met.	X	X	X	X	ED, S & C

2. HEALTH OF THE POPULATION

2.1 Improve population health through health promotion, protection and disease prevention.

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
Number of children (Age 0-5) who require dental surgery under general anesthesia to treat Early Childhood Tooth Decay (ECTD)		Baseline determined by March 31, 2012		TBD				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Implement key recommendations from the Children's Oral Health Strategy that will enable good nutrition and oral hygiene practices for children at risk of severe tooth decay. ***Ministry Led***	*Review, evaluation and implementation of key recommendations.*	*Key recommendations implemented by March 31, 2012.*	*Work continues to ensure full implementation of Ministry directives.*					

2. HEALTH OF THE POPULATION

2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities.

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
Number of new reported HIV cases by age in Saskatchewan		Baseline established by March 31, 2012		5% reduction in the number of new reported HIV cases from the baseline (2011-12 data on the number of new reported HIV cases) by 2013-14				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Provide a report to Executive Director of Population Health Branch, Ministry of Health on the performance of Injection drug use program.		Report provided prior to March 1, 2012.	Report previously submitted to MOH by calendar year. New format has been provided by MOH and statistics will now be reported fiscally. Stats for 2011 and Q1 of 2012 attached. Monitor HIV cases for FHHR and SK			X		MHO

3. PROVIDERS

3.1 Work together to build a workplace that supports the adoption of both patient-and family-centred care and collaborative practices

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
Teamwork composite measure from the Employee Engagement Survey		Baseline established by March 31, 2012		TBD % increase by March 31, 2013				
Patient and Family Centredness composite measure from the Employee Engagement Survey *Note – Measures of patient experience from the patient perspective are captured under goal 1.1		Baseline established by March 31, 2012		TBD% increase by March 31, 2013				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Staff Satisfaction	% of staff responding to the Employee Engagement Survey that they are very satisfied with their job	Results indicate that 47% of staff are engaged or highly engaged in their job	As of May 30, 2011 Region overview of employee engagement identifies 64% engagement by participants of the survey. Recognizing engagement varies in each service area, focused reporting is occurring with purposeful results expected within the next month. In addition, this anticipated reporting will also make a number of comparisons between all of the Health Regions within Saskatchewan.		X		X	ED, HR

3. PROVIDERS

3.2 Work together to create safe, supportive and quality workplaces

BIG DOT MEASURE	2011-12 TARGET	2012-13 TARGET
Number of sick time hours per FTE	Provincial target – 5.1% reduction in sick leave hours per FTE	Provincial target – 5.4% reduction in sick leave hours per FTE
Number of lost-time WCB days per 100 FTEs	Provincial target – 14.2% reduction in number of lost-time WCB days per 100 FTEs	Provincial target – 16.6% reduction in number of lost-time WCB days per 100 FTEs
Number of wage-driven premium (WDP) hours per FTE	Provincial target – 12.3% reduction in number of WDP hours per FTE	

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Improve scheduling process, attendance support and workplace safety to reduce **wage driven premiums and injury costs**	Number of sick time hours per FTE	FHHR target – 1% reduction in sick leave hours per FTE (66.00 hours/FTE)	Target not met. Usage was 67.15 hours/FTE which is a decrease from last year's usage (69.30). Continue to strive for reductions in sick leave usage for 2012-13.		X		X	ED, HR
	Number of lost-time WCB days per 100 FTEs – Severity	FHHR target – 12.6% reduction in number of lost-time WCB days per 100 FTEs (236.15 days per 100 FTEs)	WCB undergoing data conversion process – current data not available.		X		X	
	Wage driven premium hours per FTE (WDP hrs/FTE)	FHHR target – 14.6% reduction (16.31 hrs/FTE)	Target not met. FHHR use of premium hours among lowest in province. FHHR rated 21.68 hours/FTE which was a slight increase over last year (20.88). Continue to strive towards significant reductions in WDP.					

3. PROVIDERS

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers

BIG DOT MEASURE		2011-12 TARGET		2012-13 TARGET				
Annual turnover of physicians in Saskatchewan		Annual turnover of physicians less than 10% by March 31, 2012		Annual turnover of physicians less than 9% by March 31, 2013				
Initiative	**Initiative Measure**	**Initiative Target**	**Reporting/Analysis of Progress**	**Q1**	**Q2**	**Q3**	**Q4**	**Lead**
Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in RHAs	Status of implementing the board-approved Representative Workforce Plan	Meet the board-approved target set for 2011-12 by March 31, 2012	Target not met. Improvement of 0.90% required. Lack of human resources dedicated to the Representative Workforce Program. Partnerships have resulted in the hiring of 3 participants over the last two quarters and work continues with the provincial Circle of Partners Committee.					ED, HR

4. SUSTAINABILITY

4.1 Achieve best value for money while improving the patient experience and population health.

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Work collaboratively with RHAs/SCA and other stakeholders to capture cost savings by:								ED, F
Implementing shared services and procurement initiatives; and	Financial savings achieved through shared services and procurement initiatives and attendance management	Shared Services and Procurement savings of $5 M by March 31, 2012 ($214,000 target for FHHR)	Savings for 2010/11 and 2011/12 are approximately $261,000 while funding reduction was $345,000 for shared services. Therefore, savings achieved are at 76% of the funding reduction. Although overall funding reduction target was $5,000,000 in each of 2010/11 and 2011/12; we were allocated a larger share of the funding reduction target in 2011/12 ($214,000) compared to 2010/11 ($131,000), primarily as a result of our higher savings compared to the system in 2010/11.				X	
Reducing the total compensation paid during premium shifts		Attendance management savings of $12.5 M by March 31, 2012 ($125,000 target for FHHR)	Target not met. Savings are linked to WDP hours.					ED, HR
Implement **group purchasing** in collaboration with Alberta and British Columbia as identified in the New West Partnership	% of purchases made jointly with AB and BC	20% of purchases are made jointly	Target not met. The latest indication of the % of procurement involving the New West Partnership is 17%.				X	ED, F

4. SUSTAINABILITY

4.2 Improve transparency and accountability through measurement and reporting

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Development and implementation of a board-approved communication strategy for FHHR including internal and external stakeholders	Development and implementation of communication plan	To be presented at the September 2011 FHHR board meeting	Communication plan presented at September 28, 2011 board meeting.		X			ED, S&C

4. SUSTAINABILITY

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Moose Jaw Union Hospital Redevelopment Project	Status of Moose Jaw Union Hospital Redevelopment Project	Completion of detailed design and redevelopment of MJUH once scope has been determined	On August 30, 2011, the MOH announced a new hospital for Moose Jaw. RFP was issued on November 9 and closed January 6, 2012. Ministry approval to proceed was received in March 2012. Design is expected to take 1 year to complete in 2012 with site readiness pre-construction scheduled for fall of 2012 and construction start estimated to start early in 2013.	X	X	X	X	ED, ES
Development and implementation of a Board-approved communication strategy regarding Moose Jaw Union Hospital Redevelopment Project	Status of development of Moose Jaw Union Hospital Redevelopment Project Communications Strategy	Board-approved communication plan for stakeholders and the community is developed and implemented within 1 month of the announcement	Communication plan with regard to initial announcement presented to RHA May 25, 2011. Announcement made re new facility on August 30, 2011. Communication plan for ongoing project communication currently under development.	X	X	X	X	ED, S&C

5. SUPPORTING PROCESS

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Continue to implement Lean across the care continuum in regions and the SCA	Develop by March 31, 2012, a multi-year board-approved strategy focused on patient journeys, with targets, to spread lean across the care continuum. The plan will include regional participation, as required, on active provincial lean initiatives including, but not limited to: mental health (complex cases and wait times); long-term care; addictions; vaccine management; strategic planning and reporting; and blood / plasma product use.	A multi-year board-approved strategy, with targets, to spread lean across the care continuum by March 31, 2012.	Lean Certification requirements have been implemented across the province and will commence in 2012-13.					
Implement Lean province-wide for discharge planning **Ministry/RHA Led**	All RHAs to participate in a working group to develop ten Kaizen events for discharge planning. This working group will prioritize the Kaizen events and develop a road map to achieve each Kaizen.	A prioritized work plan in place and completion of 2 Kaizens by March 2012.	Medicine unit involved in pilot project to standardize transfer of information documents provincially. As this initiative is Ministry led, it is unclear whether target has been fully met or not at this time.	X		X	X	ED, CS
Enhance quality and performance through the achievement of Accreditation Standards	Maintain Accreditation status with Accreditation Canada.	November 2011	Target met.				X	ED, S&C

5. SUPPORTING PROCESS

5.3 Leverage technology to achieve improvements in patient care and system performance

Initiative	Initiative Measure	Initiative Target	Reporting/Analysis of Progress	Q1	Q2	Q3	Q4	Lead
Continue to expand Surgical Information System (SIS) ***Ministry/Region Led***	Implement SIS (including bookings and waitlist management, charting, patient tracking, surgical supply management and interfaces to SSCN and regional Admission and Discharge systems) in Moose Jaw Union Hospital	Implementation complete by March 31, 2012	Target met. SIS officially launched January 23, 2012.	X	X	X	X	ED, CS
To advance the implementation of the Primary Health Care Solution (EMR) to Craik and the Wellness Centers	Adopt the new PHC System IT Solution within 12 months of the Solution being available to each PHC team.	100% adoption of PHC System IT Solution within 12 months of availability to PHC teams.	71% implemented – on target for 100% completion by March 31, 2013 deadline. *See dashboard.*					ED, PHC

Management Report

May 30, 2012

Five Hills Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Five Hills Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cheryl Craig, BSN
Chief Executive Officer

Wayne Blazieko, CMA, MSA, B. Admin
Chief Financial Officer

2011-2012 Financial Overview

The annual operating fund budget for 2011-12 was $138.4M (million). The actual operating fund revenues were $142.6M and operating fund expenses were $137.7M; resulting in an operating fund surplus of $4.9M (3.5% of operating expenses).

Overall, 93% of the operating fund revenue was provided by funding from the Ministry of Health. About 44% of the operating budget was spent on inpatient/resident services, 17% on community health, 16% on support services, 9% on physician compensation, 8% on diagnostic and therapeutic services and 4% on ambulatory care services. Approximately 89% of the annual budget was spent on salaries and benefits (includes grants to contractors).

Subsequent to budget approval, $1.6M of additional funding was received for collective bargaining agreements and medical remuneration rate increases. Most of these increases in funding ($1.2M) were offset by unbudgeted increased expenses in the operating fund program areas and part of reason for the unfavorable expense variance in some functional areas.

The reasons for the overall favorable variance for the operating fund surplus are, in part, attributed to:

i) Higher income related to:
- Saskatchewan Association of Health Organization SUN partnership ($.57M);
- third party payers (e.g., other provinces - $.42M); and
- long term care fees ($.13M).

ii) Lower expenses related to:
- utilities favorable pricing (natural gas $.31M and other $.1M);
- prostheses – primarily lower surgical volumes for orthopedic and ophthalmology procedures ($.24M);
- drugs and gases – primarily lower drug utilization in various clinical areas ($.3M);
- laboratory and radiology supplies – lower utilization in acute care settings attributed to lower volumes and changes in radiology technology ($.3M) and;
- travel expense - lower utilization ($.1M).

The capital fund expenditures for 2011-12 were $6.5 million with 17% being spent on medical/surgical equipment, 8% on diagnostic imaging equipment, 39% on building, building service equipment and construction in progress, 23% for capital grants to health care organizations, 5% for planning costs and 4% for mortgage obligations.

The actual capital fund revenues were $1.9 million (includes $.75 million Ministry of Health funding) and capital fund expenses were $6.2 million (includes $4.3 million in amortization); resulting in a capital fund deficit of $4.3 million.

The annual restricted funds expenditures for 2011-12 was $.12 million with revenue of $.03 million; resulting in a restricted fund deficit for the year of $.09 million.

Guaranteed debt obligations total $1.7M and are related to mortgages for special care homes and are secured through the chattels of those facilities. Details related to this debt are disclosed in detail in note 5 of the audited financial statements that follow.

Audited Financial Statements

INDEPENDENT AUDITORS' REPORT

To the Members of the Board,
Five Hills Regional Health Authority

We have audited the accompanying financial statements of **Five Hills Regional Health Authority** which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Five Hills Regional Health Authority as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Virtus Group LLP

May 30, 2012
Regina, Saskatchewan

Chartered Accountants

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2012

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2012	Total 2011 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 16,272,962	$ 25,912,095	$ 383,669	$ 42,568,726	$ 46,249,451
Accounts receivable					
Ministry of Health - General Revenue Fund	368,779	-	-	368,779	464,442
Other	1,197,574	38,410	30,255	1,266,239	1,001,254
Inventory	1,170,196	-	-	1,170,196	1,057,571
Prepaid expenses	1,006,296	-	-	1,006,296	932,205
	20,015,807	25,950,505	413,924	46,380,236	49,704,923
Investments (Schedule 2)	95,929	919,556	338,241	1,353,726	1,683,705
Capital assets (Note 3)	-	18,156,463	-	18,156,463	18,038,458
Total Assets	$ 20,111,736	$ 45,026,524	$ 752,165	$ 65,890,425	$ 69,427,086
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 4,099,752	$ 11,355	$ -	$ 4,111,107	$ 5,348,478
Accrued salaries	2,205,728	-	-	2,205,728	4,486,282
Vacation payable	6,636,638	-	-	6,636,638	6,376,622
Mortgages payable - Current (Note 5)	-	132,178	-	132,178	124,935
Deferred Revenue (Note 6)	5,941,716	-	-	5,941,716	6,554,205
	18,883,834	143,533	-	19,027,367	22,890,522
Long Term Liabilites					
Long term leases payable	-	-	-	-	-
Mortgages payable (Note 5)	-	1,530,011	-	1,530,011	1,662,284
Total Liabilities	18,883,834	1,673,544	-	20,557,378	24,552,806
Fund Balances					
Invested in capital assets	-	16,494,274	-	16,494,274	16,251,240
Externally restricted (Schedule 3)	-	8,517,203	752,165	9,269,368	12,395,779
Internally restricted (Schedule 4)	-	18,341,503	-	18,341,503	14,999,359
Unrestricted	1,227,902	-	-	1,227,902	1,227,902
Fund balances - (Statement 2)	1,227,902	43,352,980	752,165	45,333,047	44,874,280
Total Liabilities & Fund Balances	$ 20,111,736	$ 45,026,524	$ 752,165	$ 65,890,425	$ 69,427,086

Commitments (Note 4)
Pension Plan (Note 11)

Approved by the board of directors:

E. (Betty) Collicott

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2012

	Operating Fund			Restricted			
	Budget 2012	2012	2011 (Note 10)	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 10)
REVENUES							
Ministry of Health - general	$ 130,577,200	$ 133,042,311	$ 125,256,122	$ 753,852	$ -	$ 753,852	$ 7,221,778
Other provincial	1,507,531	2,166,426	2,110,230	49,207	-	49,207	66,836
Federal government	131,500	264,677	174,232	-	-	-	-
Alberta funding for Lloydminster	-	-	-	-	-	-	-
Patient & client fees	3,558,400	3,716,037	3,780,648	-	-	-	-
Out of province (reciprocal)	630,800	899,717	782,469	-	-	-	-
Out of country	49,000	63,057	98,011	-	-	-	-
Donations	2,500	26,048	22,985	706,121	-	706,121	1,364,575
Ancillary	196,960	202,821	183,277	20,600	-	20,600	20,600
Investment	258,960	285,046	275,590	354,995	31,659	386,654	251,425
Recoveries	1,434,442	1,893,740	1,601,338	-	-	-	-
Research grants	-	-	-	-	-	-	-
Other	21,700	25,401	4,394	27,100	-	27,100	78,524
Unrealized gain - financial instruments	-	-	-	-	-	-	-
Total revenues	**138,368,993**	**142,585,281**	**134,289,296**	**1,911,875**	**31,659**	**1,943,534**	**9,003,738**
EXPENSES							
Inpatient & resident services							
Nursing Administration	1,478,188	1,476,819	1,445,773	24,814	-	24,814	12,548
Acute	22,869,304	23,587,309	21,911,102	843,350	-	843,350	844,360
Supportive	33,695,685	33,647,194	31,908,196	161,376	-	161,376	150,893
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	-	-	-	(4,471)	(4,471)	12,000
Mental health & addictions	2,506,184	2,480,960	2,411,620	10,301	-	10,301	10,301
Total inpatient & resident services	**60,549,361**	**61,192,282**	**57,676,691**	**1,039,841**	**(4,471)**	**1,035,370**	**1,030,102**
Physician compensation	**11,553,544**	**12,625,064**	**10,778,763**	-	-	-	-
Ambulatory care services	**6,140,117**	**6,039,462**	**5,575,119**	**78,899**	-	**78,899**	**63,680**
Diagnostic & therapeutic services	**12,232,665**	**11,536,704**	**11,488,218**	**598,891**	-	**598,891**	**421,272**
Community health services							
Primary health care	1,579,716	1,305,148	1,157,832	36,664	-	36,664	56,583
Home care	7,962,352	7,997,655	7,596,597	13,669	128,171	141,840	116,066
Mental health & addictions	6,734,210	7,041,938	6,719,289	5,065	-	5,065	5,065
Population health	4,199,273	4,076,986	3,993,305	7,346	-	7,346	7,379
Emergency response services	2,519,305	2,600,322	2,804,882	666	-	666	1,625
Other community services	726,517	734,251	745,315	12,687	-	12,687	9,349
Total community health services	**23,721,373**	**23,756,300**	**23,017,220**	**76,097**	**128,171**	**204,268**	**196,067**
Support services							
Program support	6,663,012	5,982,170	5,797,234	55,530	(840)	54,690	72,767
Operational support	16,850,747	16,151,506	16,073,267	245,324	-	245,324	214,241
Other support	289,208	281,398	265,792	4,152,256	-	4,152,256	3,903,933
Total support services	**23,802,967**	**22,415,074**	**22,136,293**	**4,453,110**	**(840)**	**4,452,270**	**4,190,941**
Ancillary	**182,356**	**135,464**	**145,447**	-	-	-	-
Total expenses (Schedule 1)	**138,182,383**	**137,700,350**	**130,817,751**	**6,246,838**	**122,860**	**6,369,698**	**5,902,062**
Excess (deficiency) of revenues over expenses	**$ 186,610**	**4,884,931**	**3,471,545**	**(4,334,963)**	**(91,201)**	**(4,426,164)**	**3,101,676**
Interfund transfers (Note 14)		(4,884,931)	(3,471,545)	4,884,931	-	4,884,931	3,471,545
Increase (decrease) in fund balances		**(0)**	-	**549,968**	**(91,201)**	**458,767**	**6,573,221**
Fund balances, beginning of year		1,227,902	1,227,902	42,803,012	843,366	43,646,378	37,073,157
Fund balances, end of year		$ 1,227,902	$ 1,227,902	$ 43,352,980	$ 752,165	$ 44,105,145	$ 43,646,378

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2012

	Operating Fund		Restricted Fund			
	2012	2011 (Note 10)	Capital Fund	Community Trust Fund	Total 2012	Total 2011 (Note 10)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 4,884,931	$ 3,471,545	$ (4,334,963)	$ (91,201)	$ (4,426,164)	$ 3,101,676
Net change in non-cash working capital (Note 7)	(4,222,519)	(3,164,939)	3,923	(7,841)	(3,918)	(5,942)
Amortization of capital assets	-	-	4,301,346	-	4,301,346	4,400,025
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	-	-	-	-
	662,412	306,606	(29,694)	(99,042)	(128,736)	7,495,759
Purchase of capital assets						
Buildings/construction	-	-	(634,820)	-	(634,820)	(846,613)
Equipment	-	-	(3,784,531)	-	(3,784,531)	(2,354,019)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
(Purchase) Sale of long-term investment	-	(64,350)	(82,042)	412,021	329,979	(101,914)
	-	(64,350)	(4,501,393)	412,021	(4,089,372)	(3,302,546)
Repayment of debt	-	-	(125,029)	-	(125,029)	(117,650)
Net increase in cash & short term investments during the year	662,412	242,256	(4,656,116)	312,979	(4,343,137)	4,075,563
Cash & short term investments, beginning of year	20,495,481	23,724,770	25,683,280	70,690	25,753,970	18,206,862
Interfund transfers (Note 14)	(4,884,931)	(3,471,545)	4,884,931	-	4,884,931	3,471,545
Cash & short term investments, end of year (Schedule 2)	**$ 16,272,962**	**$ 20,495,481**	**$ 25,912,095**	**$ 383,669**	**$ 26,295,764**	**$ 25,753,970**

The accompanying notes and schedules are part of these financial statements.

FIVE HILLS REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As At March 31, 2012

1. Legislative Authority

The Five Hills Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Five Hills Health Region, under section 27 of The Act. The Five Hills RHA is a non-profit organization and is not subject to income or property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Extendicare (Canada) Inc.
Moose Jaw Alcohol and Drug Abuse Society Inc.
Canadian Mental Health Association (Saskatchewan Division)
Thunder Creek Rehabilitation Association Inc.
Lifeline Ambulance Service Inc.
Hutch Ambulance Service Inc.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

ii) The following affiliates are incorporated as follows (and are registered charities under the Income Tax Act):

Providence Place for Holistic Health Inc. – *Non profit Corporations Act*
St. Joseph's Hospital (Grey Nuns) of Gravelbourg – *Non profit Corporations Act*

The RHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding these affiliates.

Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliates.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from the Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from the Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2.5 to 6.67%
Land improvements	2.5 to 20%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. Cost of inventory held is determined on a weighted average basis, except for dietary, linen, laundry, plant maintenance and remote facility inventory which is determined on a first in, first out basis. All inventories are held at the lower of cost or net realizable value.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments as one of the following categories: held-to-maturity, held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables, held to maturity and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-to-maturity. Transaction costs related to held-to-maturity financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA mitigates risk associated with these financial instruments by purchasing relatively short term low risk investments and classifying those investments as held-to-maturity.

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i. Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii. Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii. Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv. Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2012			March 31, 2011
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 266,556	$ -	$ 266,556	$ 266,556
Land Improvements	565,956	444,360	121,596	116,497
Buildings	43,842,853	34,155,566	9,687,287	10,450,301
Equipment	32,986,787	25,204,940	7,781,847	7,205,105
Construction in progress	299,177	-	299,177	-
	$ 77,961,329	$ 59,804,866	$ 18,156,463	$ 18,038,458

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2012, commitments for acquisition of capital assets were $4,276,476 (2011 - $513,723).

b) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 9 b) provides supplementary information on Health Care Organizations.

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2012	2011
Pioneer Housing (Moose Jaw) CMHC, due November 1, 2016	5.38%	$22,877 principal & interest. Mortgage renewal date - November 1, 2016	$94,366	$111,723
Pioneer Housing (Moose Jaw) CMHC, due July 1, 2019	6.88%	$7,229 principal & interest. Mortgage renewal date - July 1, 2019	41,668	45,914
Pioneer Housing (Moose Jaw) CMHC, due September 1, 2027	10.50%	$95,747 principal & interest of which $22,188 is subsidized by SHC. Yielding an effective interest rate of 7.3%. Mortgage renewal date - September 1, 2027.	741,836	760,298
Regency Manor CMHC, due August 1, 2019	4.37%	$99,558 principal & interest of which $23,283 is subsidized by SHC. Yielding an effective interest rate of 0%. Mortgage renewal date - October 1, 2016.	630,542	701,054
Assiniboia Pioneer Lodge CMHC, due October 1, 2024	8.00%	$6,503 principal & interest. Mortgage renewal date - October 1, 2024.	51,787	54,115
Assiniboia Pioneer Lodge CMHC, due November 1, 2018	6.00%	$18,561 principal & interest. Mortgage renewal date - November 1, 2018.	101,990	114,114
			$1,662,189	$1,787,218
Less: Current portion			132,178	124,934
			$1,530,011	$1,662,284

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2013	$ 132,178
2014	139,794
2015	147,911
2016	156,567
2017	165,803
2018 and subsequent	919,937

6. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health General Revenue Fund	$ -	$ -	$ -	$ -
On site Emergency Room Medical Remuneration	156,149	1,943,734	1,943,734	156,149
Work Place Wellness	-	103,116	103,116	-
Family Support and Rehab	67,891	-	-	67,891
Approved home enhancements	31,752	23,989	61,680	69,443
Surgical Access	47,464	40,010	-	7,454
CT Evaluation	16,110	-	-	16,110
Alt Physician Pymt C Butte	533,574	200,086	-	333,488
Alt Physician Pymt Moose Jaw	48,307	581,953	630,417	96,771
Alt Physician Pymt Craik	4,101	336,701	350,084	17,484
Alt Phys Pymt Teen Wellness	16,441	3,627	13,190	26,004
Professn'l Development Fund	19,352	-	-	19,352
Workforce Retention - Dementia Care Training	1,924	-	-	1,924
Needle Exchange	45,751	31,243	16,000	30,508
Undesig Medical Remuneration	186,205	-	-	186,205
Primary Health Care Central Butte Site	209,571	300,348	265,600	174,823
Primary Health Care Craik	29,729	150,654	137,600	16,675
Primary Health Care Moose Jaw	39,382	51,296	85,000	73,086
Renal Dialysis Project	86,859	-	-	86,859
HIPA Implementation	7,105	-	-	7,105
Aboriginal Awareness Training	21,575	650	5,000	25,925
SIMS/PHIS	10,403	-	-	10,403
Addictions Cross Training	48,379	57,698	50,000	40,681
Addictions	7,240	75,499	80,000	11,741
Addictions Community Supports	66,127	291,203	259,000	33,924
Joint Replacement Surgery - Hip Knee Pathway	357,972	1,916	-	356,056
Safestart Program Quality Workplace	61,142	8,455	-	52,687
Nursing Education/Professional Development RN/RPM	50,737	-	-	50,737
Nursing Education/Professional Development LPN	6,893	-	-	6,893
Recruitment initiatives	30,000	-	-	30,000
Nurse Mentorship Initiative	116,929	36,229	-	80,700
Safety Training Initiatives (OH&S)	66,537	7,513	-	59,024
Addictions Secure Youth Detox	83,600	121,252	101,110	63,458
Public Health Capacity	232,340	-	35,500	267,840

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives cont'd				
Infection Control	103,384	-	-	103,384
Infection Control - Prevention and Control	125,798	61,487	60,000	124,311
MDS Home Care	46,213	8,710	-	37,503
Surgical Waitlist Incentive	32,483	32,483	-	-
Autism Services	113,582	239,307	248,800	123,075
Physician Funding Kincaid	157,777	111,137	75,046	121,686
Physician Funding Anesthesia	43,784	-	94,914	138,698
Renal Dialysis funding 0809	274,945	-	-	274,945
New Graduate Mentorship	61,992	61,992	-	-
Telehealth Expansion Gravelbourg	10,008	-	-	10,008
Residential Detox - clinical supervisor	254,000	46,099	125,000	332,901
Pandemic H1N1	199,840	19,162	-	180,678
Physician Issues	43,338	41,950	-	1,388
High Risk Youth	-	538,375	538,375	-
Shared Decision Making	44,750	13,794	-	30,956
Patient Family Centred Care	4,000	4,000	-	-
SIPPAstipend	-	-	11,165	11,165
Enhanced Preventative Dental	-	-	26,305	26,305
Primary Health Care - South Pharmacy Services	-	-	40,000	40,000
Surgical Initiatives	1,002,010	250,184	-	751,826
Total Sask Health	**$ 5,225,445**	**$ 5,795,852**	**$ 5,356,636**	**$ 4,786,229**
Non Sask Health Initiatives				
Sask Learning - General Revenue Fund - Kids First Targeted	$ 75,223	$ 677,075	$ 711,500	$ 109,648
Sask Learning - General Revenue Fund - Kids First Non Targeted	1,952	68,093	73,588	7,447
Sask Social Services - General Revenue Fund - Family Outreach Program	-	58,950	163,241	104,291
Sask Academic Health Sciences Network (SAHSN) - Preceptor Recognition	16,306	14,890	-	1,416
SAHO Enhanced Preventative Dental	-	10,391	36,650	26,259
University of Sask - pharmacy clinical student program	11,867	11,867	-	-
Immigration Canada - newcomers population health needs	-	8,706	8,706	-
Other - Special Needs	255,942	177,750	-	78,192
Other - Career employment services	10,500	47,711	37,211	-
Other - SGI Acquired Brain Injury Prov Coord Adv	24,393	97,568	73,175	-
Other - SGI Acquired Brain Injury Comm Coord Adv	20,883	83,535	62,652	-
Other - SGI Acquired Brain Injury Independent Living Adv	12,193	48,774	36,581	-
Other - SGI Acquired Brain Injury Comm Coord	49,954	-	14,152	64,106
Other - SGI Acquired Brain Injury Prov Coord	4,731	-	6,774	11,505
Other - SGI Acquired Brain Injury Independent Living	16,219	1,317	-	14,902

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives Cont'd				
RQRHA Autism Respite	10,000	20,000	10,000	-
RQRHA Autism Regional Occup Therapy	-	22,220	60,000	37,780
RNAO Best Practice Smoking Cessation	-	29,967	36,745	6,778
GST Rebate Claim LTC	214,358	-	-	214,358
Other - Resource Centre	36,695	-	-	36,695
Mental Health Clinical Conference	16,475	-	-	16,475
Other - MJ Health Foundation	20,072	-	-	20,072
Other - Assiniboia Union Hospital	18,882	11,149	-	7,733
Other - Central Butte Regency Hospital	63,942	4,918	-	59,024
Other - Craik Health Centre	40,014	20,114	-	19,900
Other - Home Care Palliative	18,673	-	-	18,673
Other - First Nations Health Employer Support	18,451	-	-	18,451
Other - Pioneer Housing MJ Mortlach Mgmt Board	607	-	-	607
Other - Canadian Public Health Association	11,790	-	-	11,790
Other - Sun Partnership Agreement Recruitment Retention	211,147	104,142	-	107,005
Other - Patient rent received in advance	81,253	81,253	92,960	92,960
Other - Community Youth Program	21,887	89,520	90,177	22,544
Other - HQC Pursuing Excellence	25,000	-	-	25,000
Other - miscellaneous	19,351	9,475	12,000	21,876
Total Non Sask Health	**$ 1,328,760**	**$ 1,699,385**	**$ 1,526,112**	**$ 1,155,487**
Total Deferred Revenue	**$ 6,554,205**	**$ 7,495,237**	**$ 6,882,748**	**$ 5,941,716**

Externally restricted revenue, received in the operating fund, is deferred if the restriction has not been fulfilled by the end of the fiscal year.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
(Increase) Decrease in accounts receivable	$ (164,812)	$ (102,956)	$ 3,331	$ (7,841)	$ (4,510)	$ (5,390)
(Increase) in inventory	(112,626)	82,124			-	
(Increase) Decrease in prepaid expenses	(74,091)	167,347			-	
Increase (Decrease) in accounts payable	(1,237,963)	742,014	592		592	(552)
Increase in accrued salaries	(2,280,554)	(1,034,577)			-	
Increase in vacation payable	260,016	658,013			-	
Increase in deferred revenue	(612,489)	(3,676,904)			-	
	$ (4,222,519)	$ (3,164,939)	$ 3,923	$ (7,841)	$ (3,918)	$ (5,942)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012 is $2,232 (2011 - $3,004) and is included in the financial statements.

9. Related Party Transactions and Other Third Party Contractors

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2012	2011
Revenues		
Workers Compensation	$ 298,663	$ 295,562
Ministry of Learning	746,218	770,779
	$ 1,044,881	$ 1,066,341

	2012	2011
Expenses		
Saskatchewan Association of Health Organizations	$ 3,481,485	$ 3,420,962
Saskatchewan Health Employees Pension Plan	4,983,489	4,442,803
Saskatchewan Energy	390,167	461,255
Saskatchewan Power	802,256	778,053
Ministry of Government Services	408,741	421,047
Ehealth Sask	127,484	110,314
Sask Tel	257,261	261,523
Valleyview	702,987	703,101
Workers Compensation	1,175,558	1,080,343
	$ 12,329,428	$ 11,679,401
Prepaid Expenses		
Workers Compensation	$ 271,323	$ 278,978
Saskatchewan Association of Health Organizations	125,940	122,270
	$ 397,263	$ 401,248
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 208,538	$ 226,359
	$ 208,538	$ 226,359

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2012	2011
Extendicare (Canada) Inc.	$ 6,398,932	$ 6,173,362
Moose Jaw Alcohol and Drug Abuse Society Inc.	1,003,595	1,284,860
Canadian Mental Health Association	12,845	12,655
Thunder Creek Rehabilitation Association Inc.	2,475,827	924,993
Lifeline Ambulance Service Inc.	1,714,097	1,840,900
Hutch Ambulance Service Inc.	574,698	618,311
	$ 12,179,994	$ 10,855,081

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	2012	2011
Providence Place for Holistic Health Inc.	$ 13,754,846	$ 13,139,055
St. Joseph's Hospital (Grey Nuns) of Gravelbourg	5,183,777	5,010,562
St. Joseph's Hospital (Grey Nuns) of Gravelbourg Ambulance Service	246,076	295,907
	$ 19,184,699	$ 18,445,524

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2012 and 2011.

	Total 2012	Total 2011
Balance Sheet		
Assets	$4,439,922	$4,703,615
Net Capital Assets	22,906,500	23,827,693
Total Assets	$27,346,422	$28,531,308
Total Liabilities	$4,640,019	$4,937,893
Total Net Assets	22,706,403	23,593,415
	$27,346,422	$28,531,308

	Total 2012	Total 2011
Results of Operations		
RHA Grant	$19,007,595	$18,287,380
Other Revenue	4,641,762	4,648,566
Total Revenue	$23,649,357	$22,935,946
Salaries & Benefits	$19,728,998	$18,742,550
Other Expenses*	4,340,759	4,725,069
Total Expenses	$24,069,757	$23,467,619
Excess Revenue over Expenses	($420,400)	($531,673)

* Other Expenses includes amortization of $1,343,293 (2011-$1,152,695)

	Total 2012	Total 2011
Cash Flows		
Cash from Operations	$15,204	($258,816)
Cash used in financing activities	538,072	474,675
Cash used in Investing activities	(411,440)	(595,333)
Increase (decrease) in cash	$141,836	($379,474)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Moose Jaw Health Foundation (the Foundation). The Five Hills RHA has an economic interest in the Foundation. In 2012 and in accordance with donor-imposed restrictions, $1,492,076 (2011 - $717,939) of the foundation's net assets must be used to purchase specialized equipment. In 2011, the foundation's total expenses include contributions of $597,923 (2010 - $1,178,010) to the RHA/community.

10. Comparative Information

Certain 2010-11 balances have been reclassified to conform with the current year's presentation.

11. Pension

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are

appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

4. Saskatchewan Municipal Employees Pension Plan (MEPP) (a related party) – This is a defined benefit pension plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2012					2011
	SHEPP[1]	PSSP	PEPP	MEPP	Total	Total
Number of active members	1,159		22	1	1,182	1,168
Member contribution rate, percentage of salary	7.70-10.00%*	7.00-9.00%*	5.00-7.00%*	6.40-6.40%*		
RHA contribution rate, percentage of salary	8.624-11.2%*	29.19-37.53%*	5.00-7.00%*	6.40-6.40%*		
Member contributions (thousands of dollars)	4,377		87	6	4,470	4,128
RHA contributions (thousands of dollars)	4,983		89	6	5,078	4,446

* Contribution rate varies based on employee group.

1. Active members include all employees of the RHA, including those on leave of absense as of March 31, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them. SHEPP contribution rates increased on April 1, 2011 (i.e., from 7.20% to 7.70% and from 9.60% to 10.00% for members; RHA contribution rates increased by the same proportion).

12. Budget

The RHA Board approved the 2011-2012 budget plan on May 25, 2011.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for

the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable
  accounts payable
  accrued salaries and vacation payable

- For investments, the fair value is based on quoted market values.

- The fair value of mortgages and term loan payable before the repayment required within one year, is $1,692,508 (2011 - $1,796,790) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (4,639,972)	$ 4,639,972	$ -	$ (3,226,586)	$ 3,226,586	$ -
Mortgage repayment	(186,610)	186,610	-	(186,610)	186,610	-
SHC reserves	(58,349)	58,349	-	(58,349)	58,349	-
	$ (4,884,931)	$ 4,884,931	$ -	$ (3,471,545)	$ 3,471,545	$ -

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Collective Bargaining Agreement

The Health Sciences Association of Saskatchewan (HSAS) contract is in effect until March 31, 2013. The Saskatchewan Union of Nurses (SUN) and Service Employees International Union (SEIU) contracts expired March 31, 2012.

17. Future Accounting Changes

The Canadian Institute of Chartered Accountants approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

18. Pay for Performance

Effective April 1, 2011 a pay for performance compensation plan was introduced. As a result, senior employees were paid 90% of base salary for the fiscal year ended March 31, 2012. Senior employees are eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information required to assess senior managements' performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

Schedule 1

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2012

	Budget 2012	Actual 2012	Actual 2011
Operating:			
Advertising & public relations	$ 64,580	$ 58,900	$ 55,281
Board costs	119,568	96,495	76,831
Compensation - benefits	12,789,054	12,688,355	11,690,005
Compensation - salaries	64,873,097	65,124,906	62,635,818
Continuing education fees & materials	284,806	389,594	287,309
Contracted-out services - other	2,530,418	2,517,720	2,361,291
Diagnostic imaging supplies	286,362	146,446	166,769
Dietary supplies	112,384	117,101	114,148
Drugs	1,684,639	1,387,182	1,423,595
Food	1,240,758	1,133,515	1,124,880
Grants to ambulance services	2,421,567	2,534,870	2,613,099
Grants to health care organizations & affiliates	26,618,792	26,615,195	25,387,493
Housekeeping & laundry supplies	588,410	536,763	554,677
Information technology contracts	547,101	489,484	439,810
Insurance	289,208	218,139	244,009
Interest	2,421	1,102	1,706
Laboratory supplies	1,220,513	1,062,609	1,049,818
Medical & surgical supplies	2,587,655	2,491,117	2,308,932
Medical remuneration & benefits	11,238,723	12,246,827	10,438,249
Meetings	-	20,885	2,610
Office supplies & other office costs	695,738	599,122	590,983
Other	25,835	77,529	38,828
Professional fees	615,981	722,672	621,973
Prosthetics	789,608	553,975	549,128
Purchased salaries	322,143	217,813	341,429
Rent/lease/purchase costs	1,357,950	1,485,354	1,586,656
Repairs & maintenance	1,606,573	1,524,097	1,481,180
Supplies - other	281,823	159,213	174,529
Therapeutic supplies	60,842	63,497	56,612
Travel	1,109,129	1,014,164	940,734
Utilities	1,816,705	1,405,709	1,459,369
Total Operating Expenses	$ 138,182,383	$ 137,700,350	$ 130,817,751
Restricted:			
Amortization		$ 4,301,346	$ 4,400,025
Loss/(Gain) on disposal of fixed assets		-	-
Mortgage interest expense		124,847	132,274
Other		1,943,505	1,369,763
		$ 6,369,698	$ 5,902,062

Schedule 2
FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2012

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 25,683,607			
RBC Dominion Securities	36,698			
	$ 25,720,305			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 55,459	n/a		
Royal Bank CPI Notes	$ 520,000	12/5/2012	US CPI + 64%	
	$ 575,459			
Total Cash & Short Term Investments	$ 26,295,764			
Long Term				
ICICI Bank GIC	$ 87,390	6/4/2013	4.68%	4.68%
Province of British Columbia	357,841	8/23/2013	6.81%	8.50%
Province of British Columbia	62,400	8/23/2013	3.90%	3.90%
TD Mortgage GIC	107,250	3/6/2014	3.75%	3.75%
TD Pacific Mortgage GIC	98,480	3/6/2014	3.75%	3.75%
NATCAN	48,666	6/10/2014	3.96%	3.96%
National Bank of Canada	48,666	6/10/2014	3.96%	3.96%
ICICI Bank GIC	95,000	9/9/2014	2.73%	2.73%
Manulife Bank GIC	55,580	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	63,527	12/24/2014	min 1%	min 1%
AGF Trust GIC	133,112	4/7/2015	3.11%	3.11%
National Bank of Canada	56,909	6/15/2015	2.71%	2.71%
Ontario Hydro	42,976	8/18/2022	8.90%	8.90%
Total Long Term Investments	$ 1,257,797			
Total Restricted Investments	$ 27,553,561			
Unrestricted Investments				
Cash and Short Term				
Chequing and Savings:				
Concentra	$ 16,256,030			
Royal Bank	4,658			
RBC Dominion Securities	148			
Cash on hand	9,195			
	$ 16,270,031			
Bond/Mutual Fund:				
RBC Invest Savings Acct	$ 2,931	n/a		
Total Cash & Short Term Investments	$ 16,272,962			
Long Term				
ICICI Bank GIC	$ 16,795	6/4/2013	4.68%	4.68%
Homequity Bank GIC	64,350	9/9/2014	2.70%	2.70%
RBC Principle Prot Guaranteed	14,784	12/24/2014	min 1%	min 1%
Total Long Term Investments	$ 95,929			
Total Unrestricted Investments	$ 16,368,891			
Total Investments	$ 43,922,452			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 42,568,726			
Total Long Term	$ 1,353,726			
Total Investments	$ 43,922,452			

* Restricted Investments include:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held in the Capital Fund (Schedule 4).

Schedule 3

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2012

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Moose Jaw Union Hospital - Haggerty	$ 27,920	$ 817	$ -	$ (5,311)	$ -	$ 34,048
Moose Jaw Union Hospital - Elsom/Mutric	14,245	179	-	-	-	14,424
Craik Health Centre	130,392	1,642	-	-	-	132,034
Thunder Creek Home Care	669,807	29,008	-	128,171	-	570,644
South Country	1,002	13	-	-	-	1,015
Total Community Trust Fund	**$ 843,366**	**$ 31,659**	**$ -**	**$ 122,860**	**$ -**	**$ 752,165**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Ministry of Health - Capital Projects	$ 11,345,412	$ -	$ 600,000	$ 917,101	$ 2,718,109	$ 8,310,202
Moose Jaw Health Foundation - diagnostic imaging	207,001	-	-	-	-	207,001
Total Capital Fund	**$ 11,552,413**	**$ -**	**$ 600,000**	**$ 917,101**	**$ 2,718,109**	**$ 8,517,203**

TOTAL EXTERNALLY RESTRICTED REVENUE	**$ 12,395,779**	**$ 31,659**	**$ 600,000**	**$ 1,039,961**	**$ 2,718,109**	**$ 9,269,368**

Schedule 4

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2012

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation (from unrestricted fund)	Operating Expenses	Capital Expenses	Balance End of Year
Capital						
SHC Replacement Reserves						
Assiniboia Pioneer Lodge	$ 69,613	$ 1,020	$ 23,866	$ -	$ -	$ 94,499
Pioneer Housing - Lodge (Moose Jaw)	186,301	2,420	14,833	-	-	203,554
Pioneer Housing - Units (Moose Jaw)	240,461	3,080	12,000	-	-	255,541
Regency Manor	164,960	2,110	7,650	-	-	174,720
Total SHC	661,335	8,630	58,349	-	-	728,314
Other Internally Restricted Funds						
Grasslands Health Centre Roof - SGI	23,844	-	-	-	-	23,844
RHA cummulative surplus	14,314,180	-	4,826,582	-	1,551,417	17,589,345
Total Capital	**$ 14,999,359**	**$ 8,630**	**$ 4,884,931**	**$ -**	**$ 1,551,417**	**$ 18,341,503**
Total Internally Restricted Funds	**$ 14,999,359**	**$ 8,630**	**$ 4,884,931**	**$ -**	**$ 1,551,417**	**$ 18,341,503**

Schedule 5

FIVE HILLS REGIONAL HEALTH AUTHORITY
SCHEDULES OF
BOARD REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2012

	2012							2011
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Velma Geddes *	$ 2,490	$ 3,914	$ 150	$ 272	$ 599	$ 310	$ 7,735	$ 19,681
Elizabeth Collicott **	4,980	7,619	1,313	1,782	2,232	-	17,926	-
							-	
Grant Berger	-	3,350	1,138	2,452	2,311	112	9,363	6,845
Elizabeth Collicott	-	2,475	88	446	-	-	3,009	5,718
Clark Coulson ***	-		-	-	599	-	599	2,630
Kenneth Hawkes	-	4,056	363	1,704	2,340	99	8,562	5,549
Alvin Klassen	-	4,606	1,700	3,694	2,311	42	12,353	8,631
Tracey Kuffner	-	3,900	2,413	4,340	2,009	183	12,845	9,298
Cecilia Mulhern	-	3,681	2,588	3,875	2,311	176	12,631	8,742
Christine Racic	-	3,506	486	719	2,009	96	6,816	3,831
George Reaves	-	3,825	1,700	3,290	2,311	-	11,126	7,400
Jeffrey Reihl	-	3,031	500	1,975	2,009	76	7,591	3,791
Donald Shanner	-	7,719	638	2,029	2,311	36	12,733	6,473
Total	$ 7,470	$ 51,682	$ 13,077	$ 26,578	$ 23,352	$ 1,130	$ 123,289	$ 88,589

* Velma Geddes resigned June 2011.
** Elizabeth Collicott board chair September 2011.
*** Clark Coulson resigned June 2011.

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2012

	2012					2011		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances[1,2]	Severance	Total
Cheryl Craig, CEO	$ 297,308	$ 7,518	$ 304,826	$ -	$ 304,826	$ 301,236	$ -	$ 301,236
Craig Beesley, Exec Dir [3]	129,142	-	129,142	-	129,142	149,307	-	149,307
Stuart Cunningham, Exec Dir [4]	77,522	-	77,522	-	77,522	-	-	-
Amanda Zarubin, Exec Dir [5]	40,096	-	40,096	-	40,096	131,437	-	131,437
Wayne Blazieko, Exec Dir & CFO	175,671	-	175,671	-	175,671	170,300	-	170,300
Dr. Mark Vooght, MHO	254,384	-	254,384	-	254,384	238,897	-	238,897
Terry Hutchinson, Exec Dir [6]	151,672	-	151,672	-	151,672	148,063	-	148,063
Dianne Ferguson, Exec Dir	116,268	-	116,268	-	116,268	125,327	-	125,327
Dr. Fauzi Ramadan, interim Med Director [7]	166,435	-	166,435	-	166,435	-	-	-
Dr. George Carruthers, Medical Director [8]	23,759	-	23,759	-	23,759	208,629	-	208,629
John Liguon, Exec Dir	135,021	-	135,021	-	135,021	149,022	-	149,022
Laurie Albinet, Exec Dir	141,110	-	141,110	-	141,110	152,979	-	152,979
Gilbert Linklater, Exec Dir	167,282	-	167,282	-	167,282	175,790	-	175,790
Dan Fraser, interim Exec Dir [9]	77,191	-	77,191	-	77,191	-	-	-
James Allen, interim Exec Dir [10]	29,089	-	29,089	-	29,089	-	-	-
Total	$ 1,981,950	$ 7,518	$ 1,989,468	$ -	$ 1,989,468	$ 1,950,987	$ -	$ 1,950,987

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. This schedule will be amended in the 2012-13 fiscal year to reflect the performance adjustments. Refer to Note 18 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

3. Terminated Jan 31, 2012.
4. Hire date July 19, 2011.
5. Terminated Sep 2, 2011.
6. Seconded by the Ministry of Health.
7. Interim medical director May 2011.
8. Terminated Apr 27, 2011.
9. Interim executive director June 2011.
10. Interim executive director Jan 2012.

Payee List

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Aasen, Dianne	103,908
Ackerman, Linda	57,793
Adrian, Shelly	72,721
Afolabi, Dr. Oyewale	189,147
Albinet, Laurie	141,110
Alderton, Cheryl	59,519
Allen, James	104,399
Allen, Thomas	85,301
Allison, Sherri	51,357
Alraum, Isolde	86,553
Alspach, Deann	60,235
Altrogge, Cindy	53,150
Altwasser Bryant, Arla	77,227
Amies, Michael	91,467
Anderson, Darrell	91,699
Anderson, Lori	94,181
Arens, Shannon	53,952
Arseneau, Maureen	96,791
Avery, Kerry	50,703
Awad El Kariem, Dr. Sawsan	417,523
Baillie, Dean	54,618
Bain, Joy	96,393
Bakke, Krista	87,337
Barnie, Sandra	57,484
Barnstable, Stephanie	71,183
Barrett, Elizabeth	78,236
Bartzen, Della	67,456
Bastedo, J. Roger	99,946
Batty, Kathy	76,956
Bauck, Deborah	91,789
Beaubien, Colette	92,781
Beauregard, Claude	59,393
Beausoleil Robb, Aline	67,535
Bechtold, Mike	54,905
Beesley, Craig	129,142
Bellrose, Sheila	89,257
Bender, Blaine	59,351
Bender, Karen	88,138
Bengtson, Monica	75,658
Benoit, Ann	105,526
Benson, Lisa	81,873
Berger, Shannon	58,951
Bert, Kennen	79,245
Berthelet, Robin	97,474
Bilusic, Branislav	52,172
Blazieko, Joann	116,905
Blazieko, Wayne	175,671
Bohlken, Dawn	61,556
Boire Teixeira, Louise	63,996
Booth, Mary Lee	102,829
Boothman, Tami	88,648
Bourassa, Crystal	72,349
Bouvier, Coralee	66,792
Bouvier, Laurie	71,497
Box, Kimberley	89,375
Boyczuk, Christine	86,124
Bremner, Carolyn	109,725
Brenner, Teresa	75,940
Brinton, Peggy	93,668
Brisbin, Katherine	67,882
Broeder, Teresa	120,426
Brons Rhodes, Cecette	59,537
Brunke, Kirstin	71,536
Budd Wutke, Darla	97,986
Buhler, Sherri	94,466
Buhr, Stephanie	80,162
Buller, Bonnie	52,642
Bumphrey, Brenda	100,804
Burnett, Barbara	87,765
Burns, Maureen	87,214
Butlin, Barbara	65,247
Cairns, Myles	113,564
Cameron, Wayne	51,193
Campbell, Nimone	86,987
Campbell, Patricia	70,339
Campbell, Shauna	101,207
Campbell, Wanda	94,483
Campeau, Caroline	55,737
Camphaug, Shawna	67,503
Carretero, Dr. Antonio	354,621
Carroll, Lee Anne	77,543
Cayer, Janice	101,710

Chaisson, Alfred	69,014
Chaisson, Clara	104,771
Chartrand, Lisa	91,912
Chow, Cara	52,062
Clark, Carol	69,442
Clark, Kirsten	73,072
Clayson, Tabitha	67,720
Cobb, Charlene	76,428
Cochrane, Rod	90,048
Cole, Brenda	70,452
Cole, Lorlee	64,027
Cooke, Liana	50,369
Cooper, Cindy	55,046
Costley, Tara	76,070
Cox, Sheila	115,955
Craig, Cheryl	309,732
Cristo, Janet	75,583
Csada, Linda	68,795
Cunningham, Stuart	77,522
D'Entremont, Marc	70,248
Dancey, Colleen	81,994
Dempster, Jessica	50,111
Deobald, Brenda	106,189
Deringer, Gina	89,567
Dick Andres, Susan	61,607
Dick, Denise	96,917
Dixon, Karen	95,847
Doepker, Bernie	78,471
Dombowsky, Eva	66,873
Donley, Teresa	109,049
Dowling, Michelle	105,092
Downey, Corrin	56,500
Dreger, Wanda	91,920
Driedger, Heather	59,800
Duncan, Kerri Ann	86,452
Durand, Sylvia	79,430
Dushinski, Kim	88,457
Duzan, Nancy	58,802
Dyck, Diane	76,502
Dykes, Donna	51,426
Ebbett, Pamela	63,944
Elford, Denae	77,781
Ellert, Clara	75,483
Ellingson, Marie	60,641
Ellis, Morley	55,851
Engler, Kathryn	99,622
Engstrom, Leslie	66,403
Engstrom, Pamela	102,031
Ennest, Amanda	85,564
Erskine, Kimberly	93,520
Erwin, Dre	97,373
Etches, Dr. Robert	343,272
Ferguson, Denille	65,732
Ferguson, Dianne	116,268
Ferguson, James	73,855
Fernell, Karen	90,273
Ferraton, Tamara	70,246
Fieldgate, Catherine	96,296
Filipowich, Kathleen	104,771
Firomski, Curtis	54,481
Fitterer, Cheryl	67,919
Fitzpatrick, Gail	79,454
Fjeldberg, Rynae	115,350
Flegel, Deborah	100,891
Flegel, Elaine	73,240
Fogal, Stacey	72,268
Fogarty, Erin	59,987
Folk, Nancy	80,475
Forrest, Lois	117,226
Fortman, Robert	50,281
Fowler, Sandra	77,667
Frank, Gwenith	95,088
Fraser, Dan	109,756
Froehlich, Deneen	53,560
Froehlich, Kelly	77,358
Froehlich, R. Lynn	52,130
Galenzoski, Shelley	67,551
Gallant, Donna	51,311
Gallup, Kelsey	65,046
Ganesan, Rondelle	70,797
Ganzer, Shelley	87,759
Gaucher, Adrien	106,199
Gee, Teresa	87,884
Gilbert, Chere	97,835
Gleim, Sandra	94,377
Godin, Fairlie	74,415
Good, Laurie	114,211
Goodison, Melonie	100,425
Goud, Dan	70,351
Grado, Derrick	50,906
Graham, Crystal	53,885
Gray, Deborah	96,424
Green, Janice	84,332
Griffin, Kathy	110,263
Gross, Edith	99,692
Gummeson, Phyllis	75,421
Gyrlevich, Louise	99,458
Hallick, Deanna	57,492
Handfield, Leslie	52,592
Hannah, Rae	63,441

Hansen, Amy	53,001
Hanson, Teresa	79,210
Haque, Sameema	100,256
Hardy, Diane	72,354
Hasmatali, Sheryl	106,240
Haukaas, Brenda	98,970
Hawley, Veronica	74,353
Hayden, Janice	72,741
Hayward, Grace	92,536
Heath, Shari	61,396
Heath, Stacey	83,731
Heilman, Heather	62,534
Helland, Joanne	81,525
Hembroff, Connie	53,477
Hewitt, Erin	59,140
Hicks, Dorothy	60,403
Hicks, Pat	53,561
Hoffman-Tetlock, Allyssia	92,623
Hogg, Jolene	94,217
Howick, David	54,807
Huber, Marvin	87,127
Hudson, Allyson	98,924
Hudson, Donna	94,465
Hundeby, Janet	80,788
Hutchinson, Terry	151,672
Ingram, Larai	63,097
Ireland, Diane	107,898
Jago, Terry	78,449
Johnson, Allyson	73,340
Johnson, Amy	71,125
Johnson, Cynthia	95,495
Johnson, Darren	108,191
Johnson, Elaine	97,983
Johnson, Heather	95,379
Johnson, Wayne	92,036
Jordison, Sharla	67,704
Juell, Jody	98,974
Jukes, Jackalyn	85,496
Justus, Ron	52,648
Karst, Teresa	96,166
Keall, Sylvia	81,506
Keen, Leanne	54,663
Kell, Erin	58,384
Kergan, Guy	108,793
Kindrachuk, Joye	86,234
Kittler, Shelly	76,846
Kitts, Lynn	68,045
Klassen Boldt, Inge	76,475
Knapp, Glen	53,384
Knelsen, Sharon	82,109
Knudson, Katherine	75,336
Kowalski, Gwen	101,625
Krepakevich, Kevin	86,989
Kuntz, Heather	74,918
Kwan, Rhonda	80,579
Lalonde, Janet	97,642
Lamarre, Ann	102,039
Lambert, Colleen	91,254
Langdon, Karyn	104,698
Langlois, Paul	63,037
Larmour, Brent	88,847
Larocque, Mary	54,977
Law, Linda	95,580
Lawrence, Jennifer	80,006
Le Courtois, Robin	96,331
Lehmann, Karen	68,916
Lewis, Shawna	88,771
Lewry, Patricia	87,238
Liguori, John	135,021
Linklater, Bert	167,282
Longworth, Linda	57,207
Lovick, Valerie	86,318
Low, Bonnie	120,797
Lowenberg, Candace	100,922
Lowes, Joanne	55,661
Ludke, Mona	88,327
Lukan, Keith	87,686
Macdiarmid, Joyce	108,362
Macfarlane, Tracy	67,456
Mackenzie, Dawnidell	69,577
Mackie, Judy	69,437
Malcolm, Helen	51,815
Marciszyn, Anne	75,275
Martens, Sherry	65,754
Martin, Leanne	68,121
Martyniuk, Bonita	104,317
Matthies, Kyle	75,925
Mattus, Donna	69,741
Maurer, Linda	91,232
Mawson, Teri	66,124
Mazurkiewicz, Jaclyn	52,696
McDavid, Cara	67,879
McDowell, Ashleigh	88,044
McEwan, Cheryl	60,889
McFadden, Arin	64,152
McFadden, Brandy	100,310
McGregor, Megan	101,043
McInnes, Maryellen	84,281
McKay, Holly	61,176
McKenna, Joann	62,533

McKinley, Lynde	56,076
McLean, Tanya	67,577
McMaster, Rhonice	85,430
Medders, Steve	60,466
Merifield, Danielle	91,252
Messner, Donna	75,012
Mielke, Janice	89,861
Millar, Frances	109,697
Miller Moyse, Gwen	61,754
Miller, Lenore	67,651
Miller, Tamye	80,876
Mills, Christina	55,352
Milne, Shelley	65,725
Miskiman, Chad	105,405
Molde, Helen	96,566
Molsberry, Marjorie	67,132
Monea, Deborah	92,922
Moore, Jean	84,055
Moraleja, Ferdinand	55,864
Moraleja, Rhodora	61,409
Morland, Darlene	109,300
Moulding, Donna	91,752
Mowchenko, Cheryl	65,467
Myers, Linda	92,933
Nagel, Marjorie	57,939
Neal, Sheila	75,489
Neigel, Darcy	103,805
Neithercut, Kimberly	75,268
Nelson, Bonnie	99,795
Neuls, Denine	61,162
Newans, Robin	100,481
Nganzo, Mariam	53,931
Nicholls, Brenda	115,124
Nicholson, Lennord	65,090
Nicholson, Raelynn	67,201
Nicolson, Sharon	89,962
Nightingale, Laurianne	111,943
Nikolic, Shelley	65,756
Nouh, Dr. Mohamed	234,277
Ocrane, Sandra	74,455
Oen, Barb	65,002
Ofstedahl, Donna	83,743
Ogle, Wanda	86,989
Ollenberg, James	71,446
Oram, Dianne	87,785
Orban, Doreen	66,764
Osemlak, Pauline	105,351
Papic, Karen	54,713
Pardy, Arlene	98,669
Parker, Lisa	90,572
Passmore, Arlene	54,616
Paul, Connie	99,648
Paull, Elizabeth	90,159
Paulowicz, Jeffrey	76,065
Paysen, Angie	58,624
Pearson, Shannon	70,316
Pearton, Avery	55,083
Pecusik, Catherine	115,670
Pedersen, Tara	50,491
Pennington, Debbie	53,213
Petersen, April	79,655
Petersen, Joanne	91,505
Peterson, Eyvonne	104,797
Peterson, Lance	84,108
Petford, Rhonda	92,470
Petruic, Judy	61,920
Philipation, Dana	54,513
Philipation, Travis	89,696
Pierce Ryba, Taryn	76,485
Pilkey, Colleen	73,365
Polos Fox, Shelley	62,957
Porras, Raphael	88,661
Pouteaux, Sarah	61,250
Preston, Peggy	81,750
Pritchard, Kendra	79,443
Prokopchuk, Arlene	97,126
Quan, Ernie	53,175
Rader, Susan	52,666
Ramilo-Bayatan, Analea	62,343
Ramphal, Christine	78,838
Ray, Helene	51,495
Reaman, Viola	87,645
Reed, Eveline	86,866
Reinhart, Sheila	74,533
Rice, Christine	94,518
Richards, Tracy	70,616
Rigetti, Deborah	61,446
Rivard, Wendy	75,033
Roach, Jylian	80,352
Roach, Shelley	110,264
Robb, Donna	95,853
Roberts, Christa	72,151
Robertson, Jackie	98,308
Robinson, Bonnie	59,262
Rogers, Alana	67,786
Rollie, Wendy	101,888
Rossler, Vanessa	78,530
Rumancik, Peter	71,857
Runzer, Sandra	81,775
Rusnak Weekes, Nicole	71,522

Rust, Johanne	105,128
Rusu, Troy	76,044
Ryan, Beverley	104,745
Ryerson, Ellen	50,844
Salaba, Janice	90,631
Saladana, Rita	78,419
Salido, Deign	98,562
Salido, Joanne	51,346
Sanden, Wendy	89,699
Sanders, Anita	95,196
Sanderson, Lois	64,930
Savage, June	96,252
Schanoski, Paul	58,862
Schellenberg, Tara	86,001
Schellenberg, Wayne	91,114
Schick, Joyce	62,850
Schlamp, Whitney	50,951
Schmidt, Kurtis	66,059
Schmidt, Marcie	52,477
Schnare, Gwen	81,212
Schneider, Brenda	90,099
Schutte, Greg	78,118
Scott, Deborah	111,382
Segall, Heather	110,456
Segall, Kelsey	81,097
Seida, Norine	105,482
Seip, Kim	89,572
Seman, Edward	77,921
Sereda, Dave	103,625
Shiers, Mark	92,462
Shirkey, Patti	88,384
Shook, Darlene	79,557
Shooter, Mandy	75,674
Silzer, Sharon	75,480
Simmons, Lorna	87,939
Sinclair, Juliet	96,986
Sinclair, Rita	51,296
Smith, Brenda	86,847
Smith, Brenda	76,627
Smith, Darlene	89,697
Smith, Donna	70,025
Smith, Jessica	70,037
Smith, Shelley	96,455
Snieder, Anne-Patr	69,254
Sobottka, Bonnie	113,531
Solomon, Shanda	57,677
Sparks, Debbie	72,534
Spence, Laura	75,826
Stabell, Susan	76,074
Stadnyk, Pamela	55,063
Stankewich, Brenda	70,968
Stapor, Paul	78,791
Statham, Cheri	95,119
Steel, Brenda	103,276
Stenerson, Wade	67,428
Stensland, Jana	114,011
Stevens, Debra	81,336
Stevenson, Nadine	92,415
Stewart, Cathy	105,240
Stewart, Shannon	61,668
Stobbs, John	69,581
Storozuk, Yvette	92,090
Strange, Debra	76,854
Straub, Jacquelin	111,882
Striha, Lynn	97,365
Sullivan, Maureen	101,585
Swanson, Kerry	73,927
Switzer, Betty	100,104
Taylor, Lisa	57,821
Taylor, Melissa	53,016
Tendler, Cathy	71,691
Terry, Ernest	126,273
Theede, Maryanne	64,053
Thul, Georgia	82,925
Thul, Louise	107,146
Tkachuk, Brian	59,042
Tomashewski, Tannis	66,887
Topola, Diane	51,057
Trafford, Karen	69,766
Tremaine, Shari	70,935
Trumbley, Gayle	50,122
Trusty, Alice	96,095
Tuffour, Melanie	63,392
Turner, Carolyn	72,885
Tysdal, Elizabeth	62,485
Ursan, James	57,362
Uy, Narath	65,269
Vaessen, Leisa	95,968
Vatamaniuk, Lisa	67,284
Vilanova, Jacquelin	58,489
Vooght, Dr. Mark	254,384
Waddington, Lisa	50,864
Waldenberger, Heather	57,424
Waldenberger, Shelley	85,219
Waldenberger, Vanessa	55,725
Walters, Lucille	50,903
Walz, Jason	77,574
Wanner, Brian	64,168
Ward, Cheryl	95,246
Warner, Tamara	68,160

Waselenko, Julie	55,926	Wolfe, Bailey	63,396
Wasylenka, Dixie	106,178	Wolfe, Jacquelin	111,900
Watson, Donna	77,399	Woloschuk Connor, Laurie	80,976
Weber, Nicole	94,748	Wong, Gail	56,851
Weiss, Jennifer	79,937	Wong, Ruth	57,546
Westrom, Chelsea	51,804	Wood, Darcy	74,719
White, Patricia	69,262	Wood, Katherine	57,439
Wicharuk, Judy	92,443	Work, Jodi	76,424
Willatt, Linda	83,316	Wozniak, Yvonne	95,246
Williams, Kathryn	89,490	Yaschuk, Kerry	85,657
Williams, Shannon	71,163	Yost Walter, Lynda Lee	93,515
Wilm, Joanne	105,514	Young, Vanessa	90,333
Wilson, Chelbie	61,949	Zelada, Gabriela	71,450
Wilson, Jolene	68,383	Zelaya, Karina	51,073
Wilson, Karen	64,442		
Winkler, Lucyna	95,372	Payees under $50,000	25,224,193
Winter, David	115,834		
Wittal, Gerrilynn	107,271	**Total Personal Services**	**68,301,969**

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more

Extendicare	6,398,932
Hutch Ambulance Service Inc.	623,006
Individualized Home Care Funding	287,469
Moose Jaw & District EMS	1,972,212
Moose Jaw Alcohol & Drug Abuse	930,799
Providence Place	13,708,497
Riverside Mission Inc.	55,174
Salvation Army	151,781
St Joseph's EMS Gravelbourg	275,433
St Joseph's Hospital Gravelbourg	5,171,935
Thunder Creek Rehab Assoc Inc.	2,472,394
Total Transfers	32,047,634

Suppliers

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories Ltd.	$535,423
Al-Begamy, Dr. Youssef	331,781
Alberts Medical PC Inc, Martin	405,026
Alcon Canada Inc.	278,165
All Sask Coffee Services Ltd.	52,589
Alliance Energy Ltd.	488,782
Alsask Fire Equipment Ltd.	65,187
AMT Vantage Group Inc.	108,438
Arjo Huntleigh	75,664
Bard Canada Inc.	74,703
Baxter Corporation	68,541
Best, Dr. James Prof. Medical Co.	629,946
Biomerieux Canada Inc.	115,669
Bio-Rad Lab(Canada) Ltd.	68,424
Boston Scientific Ltd.	50,058
Botha, Dr. Jan-Beyers	66,919
Bunzl Canada	190,224
C&E Mechanical Inc.	68,232
Cardinal Health	435,168
Caretek Integrated Business Solution	58,904
CDW Canada Inc.	177,400
Chambers, David F.	194,763
Cheddie, Dr. Nishaan	55,976
Christie Innomed Inc.	93,473
City Of Moose Jaw	175,858
CPDN 3130827 Canada Inc.	508,446
CU Credit Mastercard	232,197
De Coteau, Dr. W. Earle	72,668
Dejager, Dr. Nico C.	70,501
Deleon, Dr. Ernesto L.	98,648
Devilliers, Dr. Jean Pierre	140,631
Du Toit, Awie Radiology Prof Corp.	1,270,230
Ecolab Ltd.	82,481
Eecol Electric Corp.	149,501
eHealth Saskatchewan	211,971
Enterprise Rent-A-Car	59,239
Final Touch Flooring & Interiors	63,934
Futuremed Health Care Products	74,416
Ganesan Medical Prof Corp.	322,265
General Electric Canada Inc.	89,965
Geyer, Willem Medical Prof Corp.	103,519
Grand & Toy	126,260
Great West Life Assurance Co.	502,977
Guaranteed Refrigeration Service	81,599
Health Sciences Assoc Of Sask.	92,785

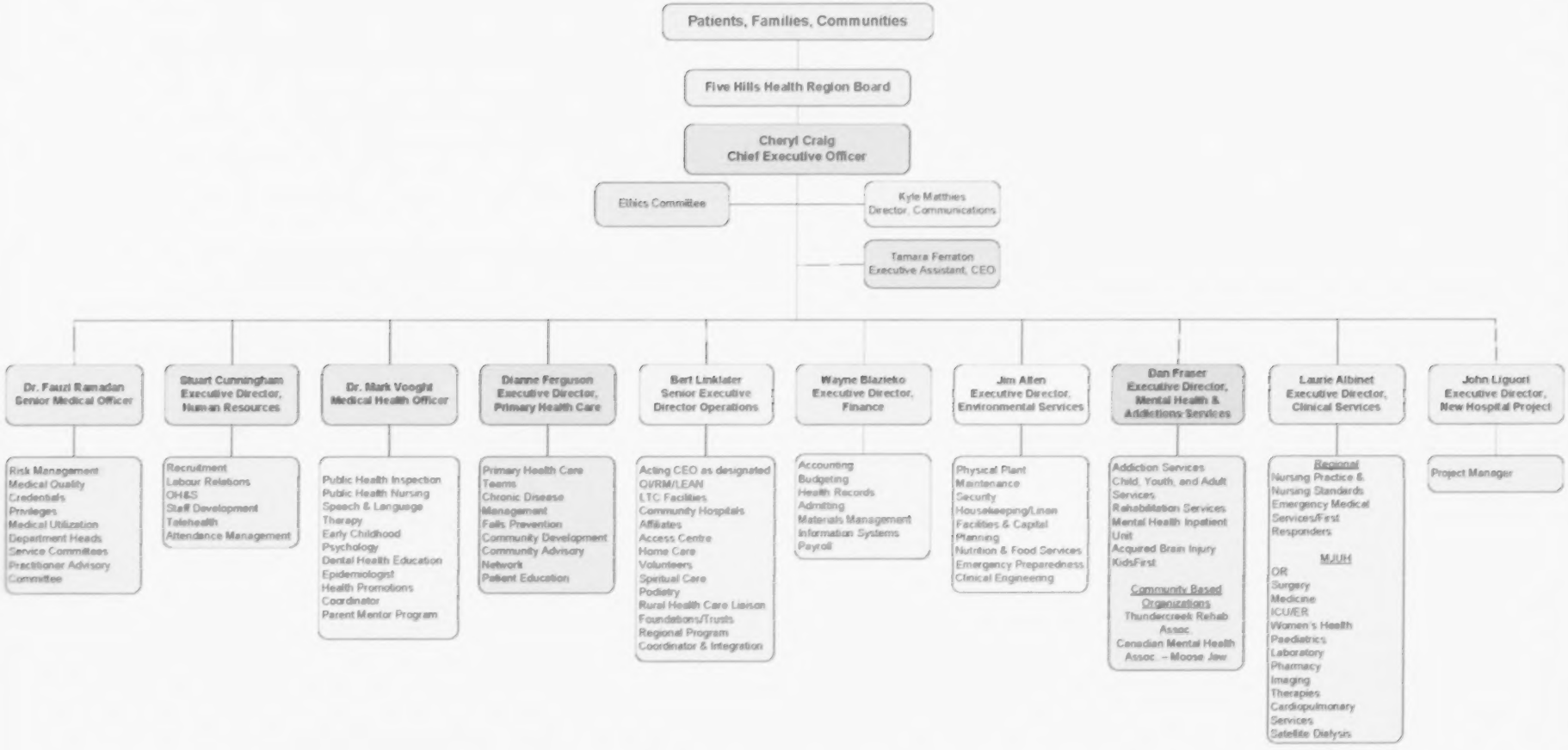
Healthcare Insurance Reciprocal	132,787
Hill-Rom Canada	123,567
Hologic Inc.	53,104
Hospira Heathcare Corp.	462,490
Inland Audio Visual	70,152
Instrumentation Laboratory	62,854
Ishwarlall, Dr. Sujay	180,351
John Black And Associates LLC	52,005
Johnson & Johnson Medical	163,943
Johnson Controls Ltd #C3039	51,504
Johnson, Dr. Russell	117,189
Johnson, Kathy	50,794
Karl Storz Endoscopy Canada	163,682
KCI Medical Canada	82,204
KM Burgess Agencies Ltd.	100,363
Kone Inc.	471,320
Linvatec Canada	68,004
London Life	71,650
Louw, Dr. Alexander Francois	70,230
Maquet-Dynamed Inc.	136,954
Maree, Dr. Narinda Medical Prof.	358,238
Marlin Travel	51,998
Marsh Canada Limited	109,344
Marx Medical Prof Corp.	264,454
McDougall Gauley LLP	484,067
McKesson Canada	423,608
McKesson Distribution Partners	239,367
Miller, Dr. George Medical Prof.	60,798
Minister Of Finance	533,404
Moose Jaw YMCA	82,728
Moyosore Medical Professional	390,964
Navigant Consulting	225,105
Olympus Canada Inc.	54,700
Oxoid Inc.	56,906
Oyenubi, Dr. Abimbola	304,695
Pansegrouw, Dr. Sandra Inc.	52,102
Pentax	64,898
Philips Electronics Ltd.	685,285
Prairie Janitorial Supply	92,294
Prairie Meats	92,782
Public Employees Pension Plan	200,503
Puetz, Dr. J. A. Medic	151,921
QHR Software Inc.	66,994
Ramadan, Dr. Fauzi Medical Prof.	229,112
Raveendran, Dr. Arulanantham	150,973
Receiver General For Canada	23,072,358
Retief, Dr. Leon	473,838
Rininsland, Dr. H. Volker	76,127
Ritenburg & Associates Ltd.	67,342
SAHO	469,030

SAHO Dental Plan	847,590
SAHO DIP	1,776,836
SAHO Extended Health & Dental	1,991,441
Saputo Foods Limited	142,123
Sask Energy	552,149
Sask Power	1,142,773
Sask Registered Nurses Assoc.	162,792
Sask Tel CMR	451,309
Sask Tel Mobility	101,399
Sask Workers' Compensation Board	1,395,511
Saskworks Venture Fund Inc.	115,066
Schaan Healthcare Products Inc.	1,171,275
Scott, Dr. Verna	87,074
Security Patrol & Investigators	83,479
SEIU Local 299 MJ	593,919
SHEPP	11,710,725
Shopper's Home Healthcare	177,372
Siemens Canada Limited	96,090
Simcoe Draperies	55,189
Soyege, Dr. Adeloye Medical PC	483,877
St Joseph's Hospital Gravelbourg	131,522
Stantec	92,549
Stationwala, Dr. Ata Podiatrist	183,848
Steris Canada Inc.	116,564
Stevens Company Limited	256,131
Stryker Canada Inc.	113,698
SUN Provincial	405,460
Supreme Office Products Ltd.	116,105
Sysco Food Services	1,098,800
Thermo Solutions Inc.	57,614
Thorpe, Dr. R. Brandon	78,166
Toshiba	135,873
Truter, Dr. Rene	74,851
Tyco Healthcare Group Canada	383,898
Valley View Centre	1,065,224
Van Der Merwe, Dr. Ivann F.	53,893
Van Der Merwe, Dr. Schalk	418,519
Van Wyk, Dr. Gerrit Prof Corp.	566,911
Vanheerden Kruger, Dr. Johan	421,922
Vermaak, Dr. Jan	63,532
Vertue, Dr. Peter-John	328,811
Wasserman, Dr. Lukas	58,327
Yusuf, Dr. Taiwo Medical Prof Corp.	444,929
Zimmer Canada	224,489
Supplier Payments Under $50,000	6,937,364
Total Supplier Payments	**78,457,618**

Appendix A
The Five Pillars

Health of the Individual: Goals, initiatives and measures directed at enhancing the individual's care experience and health outcomes.
Health of the Population Goals, initiatives and measures directed at improving the overall health and health outcomes of the population and reducing health disparities.
Providers: Goals, initiatives and measures directed at enhancing: the capabilities and capacity of all providers (professional and support staff, physicians, leadership, students and volunteers) and the effectiveness of the working environment. Capacity may fall into three categories: 1) Human Capital – Individual provider relevant, required capabilities and skills 2) Informational Capital-Information/Knowledge management for sound decision-making and performance management 3) Organizational Capital –Culture, leadership, alignment, teamwork
Sustainability: Goals, initiatives and measures directed at fostering the overall sustainability of the health region through the effective management, allocation and strategic investment of financial resources and stewardship of capital assets ultimately resulting in enhanced value for the public.
Supporting Processes: In order to achieve the above pillars, the health region will need to excel at key processes related to organizational excellence and innovation. The supportive processes outlined in the document outline the main means needed to augment and achieve the four main pillars.

Appendix B
Organizational Chart
Five Hills Health Region



Appendix C
Community Advisory Networks

Communities and organizations our health region currently interacts include, but are not limited to:

Assiniboia Civic Improvement Association
Assiniboia Union Hospital Auxiliary
Badlands Recreational Committee
Briercrest College
Canadian Cancer Society
Canadian Diabetes Association
Cayer Trust (Willow Bunch)
Central Butte and District Foundation
Central Butte Union Hospital Auxiliary
Child Action Committee (Moose Jaw)
Child Action Group (Assiniboia)
Child and Youth Interagency Committee
Cosmo Senior Citizen's Centre
Craik and District Foundation
Craik Auxiliary
Department of National Defense 15 Wing
Division scolaire francophone 310
Elbow Auxiliary
Emergency Measures Organizations
Emergency Response Planning Committee
Eyebrow Auxiliary
File Hills Tribal Council
Food Security Network
Grasslands Trust Fund Corp.
Grasslands Health Centre Auxiliary
Holy Trinity Roman Catholic Separate School Division No. 22
Housing Authorities
John Howard Society
Kincaid & District Health Centre Board Inc.
Lafleche District Health Foundation Inc.
Ludlow Trust
Medical Advisory Committee
Metis Nation
Moose Jaw & District Senior Citizens Association
Moose Jaw and District Interagency Committee
Moose Jaw Families for Change
Moose Jaw Health Foundation
Moose Jaw Mental Health Housing Committee
Moose Jaw Union Hospital Auxiliary
Mossbank Trust
Municipal Governments
Pioneer Lodge Assiniboia Auxiliary
Prairie South School Division No. 210
Regency Hospital Auxiliary
Regional Economic Development Authorities – Moose Jaw, Assiniboia, Red Coat
Regional Intersectoral Committee
Ross Payant Nursing Home Auxiliary
SIAST - Palliser Campus
South Central Recreation and Parks Association
South Country Health Care Foundation
Thunder Creek Rehabilitation Association
Transition House
Tugaske Auxiliary
Unions
Valley View Centre